

Applicant Information

Applicant Name: PrimaryHealth of Josephine County, LLC

Form of Legal Entity: PrimaryHealth of Josephine County is established as an Oregon Limited Liability Company (LLC). CareOregon will manage the LLC, with Patrick Curran of CareOregon named as the initial manager. CareOregon is the single member of the LLC and it is registered at CareOregon's office in Portland: 315 SW Fifth Avenue, Portland, Oregon, 97204.

State of Domicile: Oregon

Primary Contacts: Patrick Curran

Address: 128 SW I Street, Suite A

City, State, Zip: Grants Pass, Oregon, 97526

Telephone: Patrick Curran at 503-416-1421

Fax: Patrick Curran at 503-416-3723

E-mail Address: Patrick Curran at curranp@careoregon.org

Name and title of the person(s) authorized to represent the Applicant in any negotiations and sign any Contract that may result: Patrick Curran, Manager and Authorized Representative of PrimaryHealth of Josephine County, LLC

By signing this page and submitting an Application, the Authorized Representative certifies that the following statements are true:

1. Applicant does not discriminate in its employment practices with regard to race, creed, age, religious affiliation, sex, disability, sexual orientation or national origin, nor has Applicant or will Applicant discriminate against a subcontractor in the awarding of a subcontract because the subcontractor is a minority, women or emerging small business enterprise certified under ORS 200.055.
2. Information and costs included in this Application will remain valid for 180 days after the Application due date or until a Contract is approved, whichever comes first.
3. The statements contained in this Application are true and, so far as is relevant to the Application, complete. Applicant accepts as a condition of the Contract, the obligation to comply with the applicable state and federal requirements, policies, standards, and regulations.
4. The undersigned recognizes that this is a public document and will become open to public inspection, except as described in Section 7.8.

5. Applicant has followed the instructions provided and has identified any deviations from specifications within its response. Applicant confirms that any instructions or specifications that it felt were unclear have been questioned in advance of this Application.
6. Applicant acknowledges receipt of all addenda issued under this RFA, as listed on OHA's web portal.
7. If awarded a Contract, Applicant will be required to complete, and will be bound by, a Contract described in this RFA. Applicant agrees to the Core Contract terms and conditions in Appendix G, except to the extent Applicant has timely requested a change or clarification or filed a protest in accordance with the RFA.
8. If awarded a Contract, Applicant will meet the highest standards prevalent among Medicaid health plans in Oregon.
9. Applicant and its Affiliates complied with the Code of Conduct in Section 7.15 of the RFA in connection with the RFA.
10. Applicant accepts the terms and conditions for OHA's web portal, as posted on the web portal.
11. Applicant will negotiate in good faith regarding the statement of work for the Contract.



Patrick Curran

Manager and Authorized Representative of PrimaryHealth of Josephine County, LLC

June 4, 2012

Applicant Name: PrimaryHealth of Josephine County, LLC
Attestations, Assurances and Representations

Attestations for Appendix A - CCO Criteria

ATTESTATION		Yes	No	Yes, Qualified	Explanation if No or Qualified
<p>Attestation A-1: Applicant will have an individual accountable for each of the following operational functions:</p> <ul style="list-style-type: none"> • Contract administration • Outcomes and evaluation • Performance measurement • Health management and care coordination activities • System coordination and shared accountability between DHS Medicaid-funded LTC system and CCO • Mental health and addictions coordination and system management • Communications management to providers and Members • provider relations and network management, including credentialing • Health information technology and medical records • Privacy officer • Compliance officer 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>Attestation A-2: Applicant will participate in the learning collaboratives required by ORS 442.210.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>Attestation A-3: Applicant will collect, maintain and analyze race, ethnicity, and primary language data for all Members on an ongoing basis in accordance with standards jointly established by OHA and DHS in order to identify and track the elimination of health inequities.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Attestations for Appendix B - Provider Participation and Operations Questionnaire

ATTESTATION		Yes	No	Yes, Qualified	No or Qualified
<p>Attestation B-1: Applicant will, as demonstrated with policies and procedures, (i) authorize the provision of a drug requested by the Primary Care Physician (PCP) or referral provider, if the approved prescriber certifies medical necessity for the drug such as: the formulary's equivalent has been ineffective in the treatment or the formulary's drug causes or is reasonably expected to cause adverse or harmful reactions to the Member and (ii) reimburse providers for dispensing a 72-hour supply of a drug that requires prior authorization in accordance with OAR 410-141-0070.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>Attestation B-2: Applicant will comply with all applicable provider requirements of Medicaid law under 42 CFR Part 438, including provider certification requirements, anti-discrimination requirements, provider participation and consultation requirements, the prohibition on interference with provider advice, limits on provider indemnification, rules governing payments to providers, and limits on physician incentive plans.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>Attestation B-3: Applicant will assure that all provider and supplier contracts or agreements contain the required contract provisions that are described in the Contract.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>Attestation B-4: Applicant will have executed provider, facility, and supplier contracts in place to demonstrate adequate access and availability of Covered Services throughout the requested service area.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>To ensure adequate access to Covered Services, PrimaryHealth will contract with Oregon Health Management Services and Jefferson Behavioral Health. To the extent possible, PrimaryHealth will utilize CareOregon's</p>	

ATTESTATION		Yes	No	Yes, Qualified	Explanation if No or Qualified
Attestation B-5:	Applicant will have all provider contracts or agreements available upon request.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	network for services provided outside the service area.
Attestation B-6:	As Applicant implements, acquires, or upgrades health information technology (HIT) systems, where available, the HIT systems and products will meet standards and implementation specifications adopted under section 3004 of the Public Health Services Act as added by section 13101 of the American Recovery and Reinvestment Act of 2009, P.L. 111-5.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Attestation B-7:	Applicant's contracts for administrative and management services will contain the OHA required contract provisions.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Attestation B-8:	Applicant will establish, maintain, and monitor the performance of a comprehensive network of providers to assure sufficient access to Medicaid Covered Services as well as supplemental services offered by the CCO in accordance with written policies, procedures, and standards for participation established by the CCO. Participation status will be revalidated at appropriate intervals as required by OHA regulations and guidelines.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Attestation B-9:	Applicant will have executed written agreements with providers (first tier, downstream, or related entity instruments) structured in compliance with OHA regulations and guidelines.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	See Attestation B-4.
Attestation B-10:	Applicant, through its contracted or deemed Participating provider network, along with other specialists outside the network, community resources or social services within the CCO's service area, will provide ongoing primary care and specialty care as needed and guarantee the continuity of care and the integration of services through: <ul style="list-style-type: none"> • Prompt, convenient, and appropriate access to Covered Services by enrollees 24 hours a day, 7 days a week; • The coordination of the individual care needs of enrollees in accordance with policies and 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

ATTESTATION		Yes	No	Yes, Qualified	Explanation if No or Qualified
<p>procedures as established by the Applicant;</p> <ul style="list-style-type: none"> • Enrollee involvement in decisions regarding treatment, proper education on treatment options, and the coordination of follow-up care; • Effectively addressing and overcoming barriers to enrollee compliance with prescribed treatments and regimens; and • Addressing diverse patient populations in a culturally competent manner. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>Attestation B-11: Applicant will establish policies, procedures, and standards that:</p> <ul style="list-style-type: none"> • Assure and facilitate the availability, convenient, and timely access to all Medicaid Covered Services as well as any supplemental services offered by the CCO, • Ensure access to medically necessary care and the development of medically necessary individualized care plans for enrollees; • Promptly and efficiently coordinate and facilitate access to clinical information by all providers involved in delivering the individualized care plan of the enrollee; • Communicate and enforce compliance by providers with medical necessity determinations; and • Do not discriminate against Medicaid enrollees, including providing services to individuals with disabilities in the most integrated setting appropriate to the needs of those individuals. 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>Attestation B-12: Applicant will have verified that contracted providers included in the CCO Facility Table are Medicaid certified and the Applicant certifies that it will only contract with Medicaid certified providers in the future.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>Attestation B-13: Applicant will provide all services covered by Medicaid and comply with OHA coverage determinations.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>Attestation B-14: Applicant, Applicant staff and its affiliated companies, subsidiaries or subcontractors (first tier, downstream, and related entities), and subcontractor staff will be bound by 2 CFR 376 and attest that they are not excluded by the Department of Health and Human Services Office of the Inspector General or by the General Services administration. Please note that this attestation includes any member of the board of directors, key management or executive staff or major stockholder of the Applicant and its affiliated</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

ATTESTATION				
	Yes	No	Yes, Qualified	Explanation if No or Qualified
companies, subsidiaries or subcontractors (first tier, downstream, and related entities).				
Attestation B-15: Neither the state nor federal government has brought any past or pending investigations, legal actions, administrative actions, or matters subject to arbitration involving the Applicant (and Applicant's parent corporation if applicable) or its subcontractors, including key management or executive staff, or major shareholders over the past three years on matters relating to payments from governmental entities, both federal and state, for healthcare and/or prescription drug services.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Medicaid Assurances for Appendix B - Provider Participation and Operations Questionnaire

ATTESTATION				
	Yes	No	Yes, Qualified	Explanation if No or Qualified
Assurance B-1 – Emergency and Urgent Care Services: Applicant will have written policies and procedures and monitoring systems that provide for emergency and urgent services for all Members on a 24-hour, 7-days-a-week basis. The Applicant will communicate these policies and procedures to providers, regularly monitor providers' compliance and take any Corrective Action necessary to ensure provider compliance. (See 42 CFR 438.114 and OAR 410-141-3140]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Assurance B-2 – Continuity of Care: Applicant will have written policies and procedures that ensure a system for the coordination of care and the arrangement, tracking and documentation of all referrals and prior authorizations to other providers. The Applicant will communicate these policies and procedures to providers, regularly monitor providers' compliance and take any Corrective Action necessary to ensure provider compliance. [See 42 CFR 438.208 and OAR 410-141-3160]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Assurance B-3: Applicant will have written policies and procedures that ensure maintenance of a record keeping system that includes maintaining the privacy and security of records as required by the Health Insurance Portability and Accountability Act (HIPAA), 42 USC § 1320-d et seq., and the federal regulations implementing the Act, and complete Clinical Records that	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Attestations, Assurances and Representations

PrimaryHealth of Josephine County

ATTESTATION		Yes	No	Yes, Qualified	Explanation if No or Qualified
document the care received by Members from the Applicant's primary care and referral providers. Applicants will communicate these policies and procedures to Participating providers, regularly monitor Participating providers' compliance with these policies and procedures and take any Corrective Action necessary to ensure Participating provider compliance. Applicants will document all monitoring and Corrective Action activities. Such policies and procedures will ensure that records are secured, safeguarded and stored in accordance with applicable Law. [See 45 CFR Parts 160-164, 42 CFR 438.242, ORS 414.679 and OAR 410-141-3180]		<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Assurance B-4: Applicant will have an ongoing quality performance improvement program for the services it furnishes to its Members. The program will include an internal Quality Improvement program based on written policies, standards and procedures that are designed to achieve through ongoing measurements and intervention, significant improvement, sustained over time, in clinical care and non-clinical care areas and that are expected to have a favorable effect on health outcomes and Member satisfaction. The improvement program will track outcomes by race, ethnicity and language. The Applicant will communicate these policies and procedures to providers, regularly monitor providers' compliance and take any Corrective Action necessary to ensure provider compliance. [See 42 CFR 438.200 and 438.240; OAR 410-141-0200]		<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Assurance B-5: Applicant will make Coordinated Care Services accessible to enrolled Members. The Applicant will not discriminate between Members and non-Members as it relates to benefits to which they are both entitled. The Applicant will communicate these policies and procedures to providers, regularly monitor providers' compliance and take any Corrective Action necessary to ensure provider compliance. [See 42 CFR 438.206 to 438.210; and OAR 410-141-3220]		<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Assurance B-6: Applicant will have written procedures approved in writing by OHA for accepting, processing, and responding to all complaints and Appeals from Members or their Representatives that are consistent with Exhibit I of the Appendix G "Core Contract". The		<input checked="" type="checkbox"/>	<input type="checkbox"/>		

ATTESTATION		Yes	No	Yes, Qualified	Explanation if No or Qualified
Applicant will communicate these policies and procedures to providers, regularly monitor providers' compliance and take any Corrective Action necessary to ensure provider compliance. [See 42 CFR 438.228, 438.400 – 438.424; and OAR 410-141-3260 to 410-141-3266]		<input type="checkbox"/>	<input type="checkbox"/>		
Assurance B-7: Applicant will develop and distribute informational materials to potential Members that meet the language and alternative format requirements of potential Members. The Applicant will communicate these policies and procedures to providers, regularly monitor providers' compliance and take any Corrective Action necessary to ensure provider compliance. [See 42 CFR 438.10; OAR 410-141-3280]		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Assurance B-8: Applicant will have an on-going process of Member education and information sharing that includes appropriate orientation to the Applicant, Member handbook, health education, availability of intensive care coordination for Members who are aged, blind and/or disabled and appropriate use of emergency facilities and urgent care. The Applicant will communicate these policies and procedures to providers, regularly monitor providers' compliance and take any Corrective Action necessary to ensure provider compliance. [See 42 CFR 438.10; and OAR 410-141-3300]		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Assurance B-9: Applicant will have written policies and procedures to ensure Members are treated with the same dignity and respect as other patients who receive services from the Applicant that are consistent with Attachment 4, Core Contract. The Applicant will communicate these policies and procedures to providers, regularly monitor providers' compliance and take any Corrective Action necessary to ensure provider compliance. [See 42 CFR 438.100, ORS 414.635 and OAR 410-141-3320]		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Assurance B-10: Applicants will provide Intensive Care Coordination (otherwise known as Exceptional Needs Care Coordination or ENCC) to Members who are Aged, Blind or Disabled. The Applicant will communicate these policies and procedures to providers, regularly monitor providers' compliance and take any Corrective Action necessary to ensure provider compliance. [See 42 CFR 438.208 and OAR 410-141-3405]		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

ATTESTATION		Yes	No	Yes, Qualified	Explanation if No or Qualified
Assurance B-11:	Applicant will maintain an efficient and accurate billing and payment process based on written policies, standards, and procedures that are in accordance with accepted professional standards, OHP Administrative Rules and OHA provider Guides. The Applicant and its providers will not hold Members responsible for the Applicants or providers debt if the entity becomes insolvent. The Applicant will have monitoring systems in operation and review the operations of these systems on a regular basis. The Applicant will communicate these policies and procedures to providers, regularly monitor providers' compliance and take any Corrective Action necessary to ensure provider compliance. [See 42 CFR 447.46 and OAR 410-141-0420]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Assurance B-12:	Applicant will participate as a trading partner of the OHA in order to timely and accurately conduct electronic transactions in accordance with the HIPAA electronic transactions and security standards. Applicant has executed necessary trading partner agreements and conducted business-to-business testing that are in accordance with accepted professional standards, OHP Administrative Rules and OHA provider Guides. The Applicant will have monitoring systems in operation and review the operations of these systems on a regular basis. The Applicant will communicate these policies and procedures to providers, regularly monitor providers' compliance and take any Corrective Action necessary to ensure provider compliance. [See 45 CFR Part 162; OAR 943-120-0100 to 943-120-0200]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Assurance B-13:	Applicant will maintain an efficient and accurate system for capturing encounter data, timely reporting the encounter data to OHA, and validating that encounter data based on written policies, standards, and procedures that are in accordance with accepted professional standards, CCO and OHP Administrative Rules and OHA provider Guides. The Applicant will have monitoring systems in operation and review the operations of these systems on a regular basis. The Applicant will communicate these policies and procedures to providers, regularly monitor providers' compliance and take any Corrective Action necessary to ensure provider compliance. [See 42 CFR 438.242; and the Contract]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Assurance B-14:	Applicant will maintain an efficient and accurate process that can be used to validate Member Enrollment and Disenrollment based on written policies, standards, and	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

ATTESTATION		Yes	No	Yes, Qualified	Explanation if No or Qualified
<p>procedures that are in accordance with accepted professional standards, OHP Administrative Rules and OHA provider Guides. The Applicant will have monitoring systems in operation and review the operations of these systems on a regular basis. The Applicant will communicate these policies and procedures to providers, regularly monitor providers' compliance and take any Corrective Action necessary to ensure provider compliance. [See 42 CFR 438.242 and 438.604; and Contract]</p>					

Informational Representations for Appendix B - Provider Participation and Operations Questionnaire

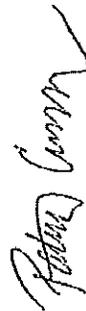
Informational Representation	Yes	No	Yes, Qualified	Explanation
Representation B-1: Applicant will have contracts with related entities, contractors and subcontractors to perform, implement or operate any aspect of the CCO operations for the CCO Contract.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PrimaryHealth will contract with CareOregon, Oregon Health Management Services and Jefferson Behavioral Health to perform CCO operations.
Representation B-2: Applicant has an administrative or management contract with a delegated entity to manage/handle all staffing needs with regards to the operation of all or a portion of the CCO program.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PrimaryHealth will contract with CareOregon, Oregon Health Management Services and Jefferson Behavioral Health to manage all staffing needs for the CCO.
Representation B-3: Applicant will have an administrative or management contract with a delegated entity to perform all or a portion of the systems or information technology to operate the CCO program for Applicant.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PrimaryHealth will contract with CareOregon, Oregon Health Management Services and Jefferson Behavioral Health to perform most CCO system functions; with sub-contracts as needed for back-up and other IS functions.
Representation B-4: Applicant will have an administrative or management contract with a delegated entity to perform all or a	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PrimaryHealth will contract with CareOregon, Oregon Health Management Services and

Attestations, Assurances and Representations

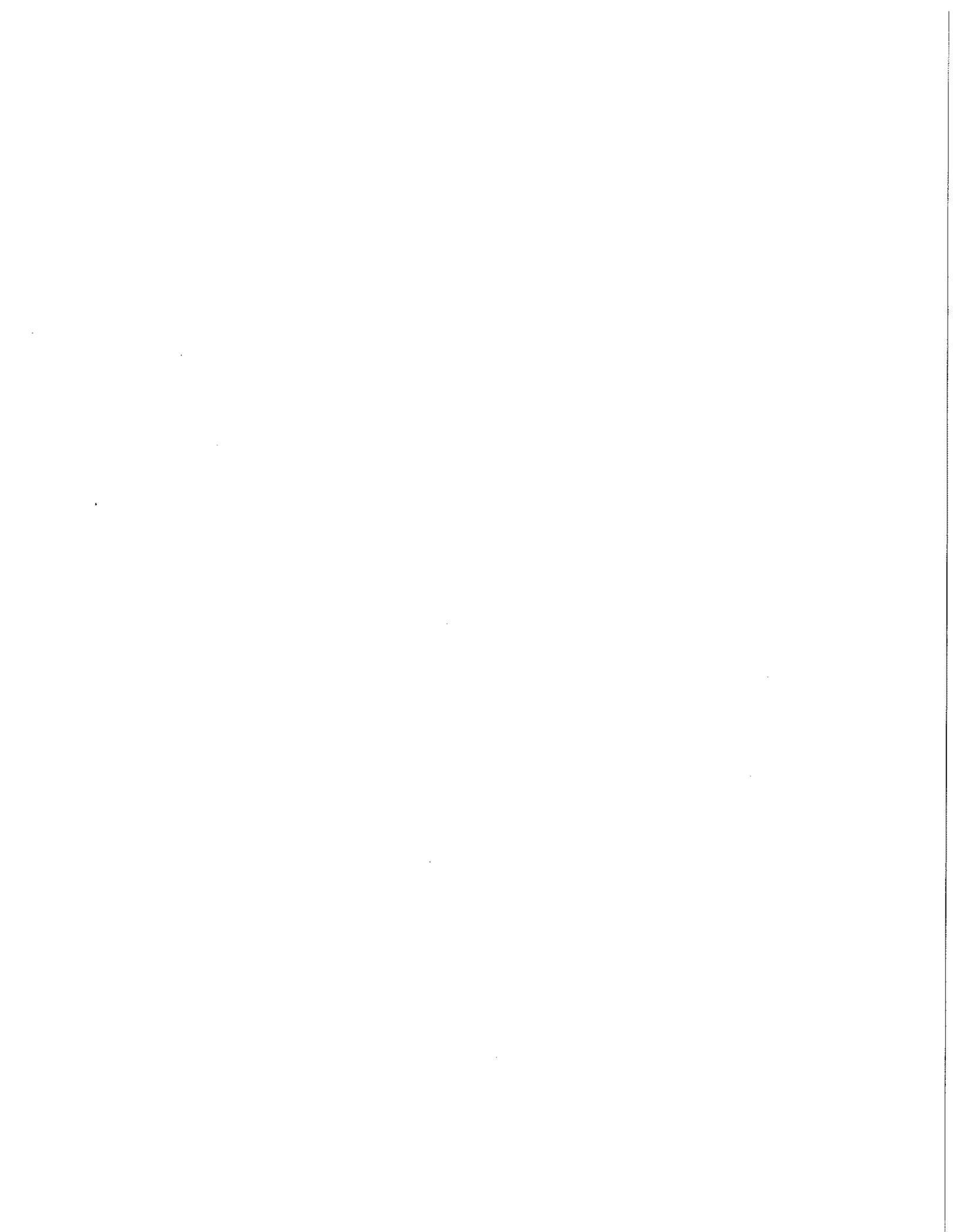
PrimaryHealth of Josephine County

Informational Representation		Yes	No	Yes, Qualified	Explanation
portion of the claims administration, processing and/or adjudication functions.					Jefferson Behavioral Health to perform all CCO claims administration functions.
Representation B-5: Applicant will have an administrative or management contract with a delegated entity to perform all or a portion of the Enrollment, Disenrollment and membership functions.		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PrimaryHealth will contract with CareOregon, Oregon Health Management Services and Jefferson Behavioral Health to perform all CCO enrollment and membership functions.
Representation B-6: Applicant will have an administrative or management contract with a delegated entity to perform all or a portion of the credentialing functions.		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PrimaryHealth will contract with CareOregon, Oregon Health Management Services, and Jefferson Behavioral Health to perform most CCO credentialing. CareOregon does delegate some credentialing to entities that qualify.
Representation B-7: Applicant will have an administrative or management contract with a delegated entity to perform all or a portion of the utilization operations management.		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PrimaryHealth will contract with CareOregon, Oregon Health Management Services, and Jefferson Behavioral Health to perform all CCO utilization management functions.
Representation B-8: Applicant will have an administrative or management contract with a delegated entity to perform all or a portion of the Quality Improvement operations.		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PrimaryHealth will contract with CareOregon, Oregon Health Management Services, and Jefferson Behavioral Health to perform all CCO quality improvement activities.
Representation B-9: Applicant will have an administrative or management contract with a delegated entity to perform all or a portion of its call center operations.		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PrimaryHealth will contract with CareOregon and Oregon Health Management Services to perform all CCO call center operations.
Representation B-10: Applicant will have an administrative or management contract with a delegated entity to perform all or a portion of the financial services.		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PrimaryHealth will contract with CareOregon to perform all CCO financial services, contracting with actuaries and auditors as needed to meet CCO requirements.

Informational Representation		Yes	No	Yes, Qualified	Explanation
Representation B-1:	Applicant will have contracts with related entities, contractors and subcontractors to perform, implement or operate any aspect of the CCO operations for the CCO Contract.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Duplicate -- see Representation B-1.
Representation B-11:	Applicant will have an administrative or management contract with a delegated entity to delegate all or a portion of other services that are not listed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PrimaryHealth, through Affiliate CareOregon or its subcontractors, will contract with other entities if needed to perform all other services necessary under this CCO contract. For example, CareOregon will contract with a pharmacy benefit manager (PBM) to perform administrative services related to prescription drugs.



Patrick Curran
 Manager and Authorized Representative of Jackson County Coordinated Care Organization, LLC
 June 4, 2012



**PrimaryHealth of Josephine County, LLC
 Technical Application Checklist**

1. Technical Application, Mandatory Submission Materials

- a. Application Cover Sheet (Attachment 1)
- b. Attestations, Assurances and Representations (Attachment 6)
- c. This Technical Application Checklist
- d. Letters of Support from Key Community Stakeholders
- e. Résumés for Key Leadership Personnel
- f. Organizational Chart
- g. Services Area Request (Appendix B)
- h. Questionnaires
 - (1) CCO Criteria Questionnaire (Appendix A)
 - (2) Provider Participation and Operations Questionnaire (Appendix B)
 - CareOregon Participating Provider Table
 - JBH Contracted Provider Table
 - OHMS Participating Provider Table
 - Options Participating Provider Table
 - (3) Accountability Questionnaire (Appendix C)
 - Services Area Table
 - Publicly Funded Health Care and Service Programs Table
 - (4) Medicare/Medicaid Alignment Demonstration Questionnaire (Appendix D)

2. Technical Application, Optional Submission Materials

If Applicant elects to submit the following optional Application materials, the materials must be submitted with the Technical Proposal:

- a. Transformation Scope Elements (Appendix H)
- b. Applicant’s Designation of Confidential Materials (Attachment 2)
- c. Supporting Documentation – CareOregon QI Program

- d. Supporting Documentation – JBH QI Work Plan
- e. Supporting Documentation – OHMS QI Program
- f. Supporting Documentation – CareOregon Community Care Program

3. Financial Application, Mandatory Submission Materials

- APPENDIX E**
- a. Certified copy of the Applicant’s articles of incorporation
- b. Listing of ownership or sponsorship
- c. Chart or listing presenting the identities of and interrelationships between the parent, the Applicant
- d. Current financial statements
- e. Contractual verification of all owners of entity
- f. Guarantee documents
- g. Developmental budget
- h. Operational budget
- i. Monthly staffing plan
- j. Pro Forma Projections for the First Five Years
- k. Quarterly developmental budget
- l. Quarterly operational expenses
- m. Reinsurance policy
- APPENDIX F**
- a. Base Cost Template

Adapt

*an oregon leader in the prevention
and treatment of addictions since 1971*

P.O. Box 1121
Roseburg, OR 97470

(541) 672-02691
Fax (541) 673-5642

www.adaptoregon.org

April 25, 2012

Bruce Goldberg, M.D.
Director
Oregon Health Authority
500 Summer Street, NE, E-20
Salem, Oregon 97301-1097

Dear Dr. Goldberg:

Adapt is a Federally Qualified Health Center, with a 40 year history of providing behavioral health services and conducting NIH sponsored clinical research. Our services in several Southern Oregon counties focus on delivering integrated behavioral health services. In addition to our Community Health Center and continuum of outpatient CD services, residents have since 1982 relied upon our adult and adolescent regional residential services.

We are pleased to support the development of the Primary Health Coordinated Care Organization in Josephine County. In partnership with Primary Health and other community partners, we look forward to continuing local efforts to better integrate and provide cost-effective care.

We have a particular interest in delivering behavioral health services as an embedded feature of *private practice* primary care. Our experience using this model over the past 7 years has demonstrated increased patient access, satisfaction, and noteworthy cost-savings. CCO implementation will create new opportunity to extend these outcomes.

We are confident that working together, we will establish an exemplary Coordinated Care Organization, meeting the goals of the recently enacted Oregon legislation.

Sincerely,



Bruce Piper
CEO



Addictions Recovery Center

EDUCATION • TREATMENT • COUNSELING

www.AddictionsRecovery.org

April 12, 2012

Royleen Dalke
Oregon Health Management Services
128 SW I Street
Suite A
Grants Pass, OR 97526

Dear Ms. Dalke:

Re: Letter of Support for PrimaryHealth of Josephine County, LLC

This letter is in support of PrimaryHealth of Josephine County, LLC (PrimaryHealth) of becoming a Coordinated Care Organization (CCO). The principal owners of PrimaryHealth have demonstrated a commitment to the health and well-being of residents in Josephine County through creative and innovative strategies. It is of no surprise that they would be at the forefront of seeking to implement a CCO to integrate medical, behavioral, and dental health services. PrimaryHealth's stated goal is to achieve a healthy population, through extraordinary patient care for everyone, at reasonable costs, and shared by all. This is to be accomplished by focusing on quality primary care services, with appropriate coordination with the systems that provide physical health, mental health, chemical dependency, dental health, and long-term care. These are challenging and laudable goals which are worthy of our support.

Addictions Recovery Center, Inc., a regional drug and alcohol treatment and mental health provider, supports the goals set forth by PrimaryHealth and confidence in the leaders of the organization. Many community groups, including this future Coordinated Care Organization, will play an active role in the transformation of the delivery of health care in Josephine County.

Sincerely,

Sarah E. Walker, MPH
Provider Relations Director, Addictions Recovery Center, Inc.

541.779.1282

Mail, Administration & Residential Services
1003 W Main St, Medford OR 97501

Walk-In Clinic & Out-Patient Services
111 Genessee, Medford OR 97501

William H. Moore Center
338 North front St, Medford OR 97501



RECEIVED
APR 18 2012
OHMS

April 12, 2012

Oregon Health Management Services
128 SW "I" Street
Grants Pass, OR 97526

Re: Letter of Support for PrimaryHealth of Josephine County, LLC, becoming a Coordinated Care Organization

Dear Ms. Dalke,

This letter is in support of PrimaryHealth of Josephine County, LLC (PrimaryHealth) becoming a Coordinated Care Organization (CCO). The principal owners of PrimaryHealth have demonstrated a commitment to the health and well being of residents in Josephine County through creative and innovative strategies. It is no surprise that they would be at the forefront of seeking to implement a CCO to integrate medical, behavioral and dental health services. PrimaryHealth's stated goal is to achieve a healthy population, through extraordinary patient care for everyone, and at reasonable costs, shared by all. This is to be accomplished by focusing on quality primary care services with appropriate coordination with the systems that provide physical health, mental health, chemical dependency, dental, and long-term care. These are challenging and laudable goals which are worthy of our support. This letter of support is not binding and may not be relied on as the basis for a contract by estoppels, or be the basis for a claim based on detrimental reliance or any other theory.

Asante Health System supports the goals of PrimaryHealth and welcomes the opportunity to explore an active role in the transformation of the delivery of health care in Josephine County.

Sincerely,

Win Howard
Chief Executive Officer
Three Rivers Community Hospital
For Asante Health System

THREE RIVERS
COMMUNITY HOSPITAL

A part of the Asante® family

500 SW Rumsey Avenue, Grants Pass, Oregon 97527 • 541.472.7000 • www.asante.org



Oregon

John A. Kitzhaber, MD, Governor

Department of Human Services
Children, Adults and Families
Child Welfare Programs
726 NE 7th St
Grants Pass, OR 97526-1633
541-474-3120
FAX: 541-471-2873
Toll Free: 800-930-4364



To Whom It May Concern:

This letter is in support of PrimaryHealth of Josephine County, LLC (PrimaryHealth) becoming a Coordinated Care Organization (CCO). The principal owners of PrimaryHealth have demonstrated a commitment to the health and well being of residents in Josephine County through creative and innovative strategies. It is no surprise that they would be at the forefront of seeking to implement a CCO to integrate medical, behavioral and dental health services. PrimaryHealth's stated goal is to achieve a healthy population, through extraordinary patient care for everyone, and at reasonable costs, shared by all. This is to be accomplished by focusing on quality primary care services with appropriate coordination with the systems that provide physical health, mental health, chemical dependency, dental, and long-term care. These are challenging and laudable goals which are worthy of our support.

I, as the Child Welfare Program Manager in Josephine County, support the goals of PrimaryHealth and expect to play an active role in the transformation of the delivery of health care in Josephine County.

Sincerely,

Nan Silver

"Assisting People to Become Independent, Healthy and Safe"
An Equal Opportunity Employer



Choices Counseling Center

109 NE Manzanita Ave., Grants Pass, Oregon 97526 Telephone (541) 470-8847 Fax (541) 471-2679

April 25, 2012

To Whom It May Concern:

This letter is in support of PrimaryHealth of Josephine County, LLC (PrimaryHealth) becoming a Coordinated Care Organization (CCO). The principal owners of PrimaryHealth have demonstrated a commitment to the health and well being of residents in Josephine County through creative and innovative strategies. It is no surprise that they would be at the forefront of seeking to implement a CCO to integrate medical, behavioral and dental health services. PrimaryHealth's stated goal is to achieve a healthy population, through extraordinary patient care for everyone, and at reasonable costs, shared by all. This is to be accomplished by focusing on quality primary care services with appropriate coordination with the systems that provide physical health, mental health, chemical dependency, dental, and long-term care. These are challenging and laudable goals which are worthy of our support.

As the exclusive substance abuse treatment provider for Oregon Health Management Services for the last 17 years we are delighted to continue working with medical, physical and mental health to provide a continuum of care to individual's struggling with substance abuse. Over the years we have developed innovative programs such as the Josephine County Drug Court, outreach programs to Juvenile Justice, and schools as well as working with medication assisted treatment programs such as Allied Health, the a medication assisted treatment program. These programs help reduce the need for more intense or costly services. We wholeheartedly support the goals of PrimaryHealth and expect to play a very active role in the transformation of the delivery of health care in Josephine County.

Sincerely,



Rick Jones, CADCIH, NCACII
Director

RECEIVED

APR 23 2012



ADMINISTRATIVE OFFICE
PAT ALLEN-SLEEMAN
EXECUTIVE DIRECTOR
T: 503-977-2262 EXT. 11
F: 503-977-2301
11830 SW KERR PARKWAY SUITE 210
LAKE OSWEGO, OR 97035

COOS COUNTY OFFICE
SUE GORDON
PROGRAM MANAGER
T: 541-266-7300
FAX: 541-266-7333
320 CENTRAL AVE. SUITE 317 & 321
COOS BAY, OR 97420

JOSEPHINE COUNTY OFFICE
SUE GORDON
PROGRAM MANAGER
T: 541-474-6072
F: 541-474-6280
1215 NE 7TH STREET, SUITE C
GRANTS PASS, OR 97526

Re: Letter of Support for PrimaryHealth of Josephine County, LLC
becoming a Coordinated Care Organization

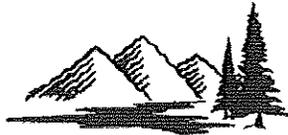
To Whom It May Concern:

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Community Living Case Management as the Josephine County Developmental Disabilities Program, support the goals of PrimaryHealth and expect to play an active role in the transformation of the delivery of health care in Josephine County.

Sincerely,

Sue Gordon
Program Manager
Community Living Case Management



Grants Pass Clinic, LLP

495 SW Ramsey Avenue · Grants Pass, Oregon 97527 · Phone (541)476-6644

May 10, 2012

Re: Letter of Support for PrimaryHealth of Josephine County, LLC
becoming a Coordinated Care Organization

To Whom It May Concern:

This letter is in support of PrimaryHealth of Josephine County, LLC (PrimaryHealth) becoming a Coordinated Care Organization (CCO). The principal owners of PrimaryHealth have demonstrated a commitment to the health and well being of residents in Josephine County through creative and innovative strategies. It is no surprise that they would be at the forefront of seeking to implement a CCO to integrate medical, behavioral, and dental health services.

PrimaryHealth's stated goal is to achieve a healthy population, through extraordinary patient care for everyone, and at reasonable costs, shared by all. This is to be accomplished by focusing on quality primary care services with appropriate coordination with the systems that provide physical health, mental health, chemical dependency, dental, and long-term care. These are challenging and laudable goals which are worthy of our support.

As CEO of Grants Pass Clinic, and on behalf of our 22 physicians, we support the goals of PrimaryHealth and expect to play an active role in the transformation of the delivery of health care in Josephine County.

Sincerely,

A handwritten signature in black ink, appearing to read 'Ross Gagsaway', written over a horizontal line.

Ross Gagsaway
Chief Executive Officer
Grants Pass Clinic, LLP

**Grants Pass High School**

830 NB Ninth Street, Grants Pass, OR 97526 · Phone: (541) 474-5710
www.grantspass.k12.or.us/GPHS · Fax: (541) 474-5717

OFFICE of the PRINCIPAL
Mr. Ernie Baldwin

April 24, 2012

Re: Letter of Support for PrimaryHealth of Josephine County, LLC
becoming a Coordinated Care Organization

To Whom It May Concern:

This letter is in support of PrimaryHealth of Josephine County, LLC (PrimaryHealth) becoming a Coordinated Care Organization (CCO). The principal owners of PrimaryHealth have demonstrated a commitment to the health and well being of residents in Josephine County through creative and innovative strategies. It is no surprise that they would be at the forefront of seeking to implement a CCO to integrate medical, behavioral and dental health services. PrimaryHealth's stated goal is to achieve a healthy population, through extraordinary patient care for everyone, and at reasonable costs, shared by all. This is to be accomplished by focusing on quality primary care services with appropriate coordination with the systems that provide physical health, mental health, chemical dependency, dental, and long-term care. These are challenging and laudable goals which are worthy of our support.

Grants Pass High School has contracted with Choices Counseling Center/ Oregon Health Management Services to provide substance abuse screening, assessment and education to our staff and students. We appreciate the ability to work with a program that can assist us in keeping our students safe and enrolled in school. Grants Pass High School supports the goals of PrimaryHealth and expect to play an active role in the transformation of the delivery of health care in Josephine County.

Sincerely,

A handwritten signature in black ink, appearing to read "Ernie Baldwin".

Ernie Baldwin
Principal
Grants Pass High School
541-474-5710

City of Grants Pass



April 9, 2012

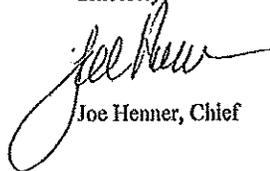
Re: Letter of Support for PrimaryHealth of Josephine County, LLC
becoming a Coordinated Care Organization

To Whom It May Concern:

This letter is in support of PrimaryHealth of Josephine County, LLC (PrimaryHealth) becoming a Coordinated Care Organization (CCO). The principal owners of PrimaryHealth have demonstrated a commitment to the health and well being of residents in Josephine County, as well as the City of Grants Pass through creative and innovative strategies. It is no surprise that they would be at the forefront of seeking to implement a CCO to integrate medical, behavioral and dental health services. PrimaryHealth's stated goal is to achieve a healthy population, through extraordinary patient care for everyone, and at reasonable costs, shared by all. This is to be accomplished by focusing on quality primary care services with appropriate coordination with the systems that provide physical health, mental health, chemical dependency, dental, and long-term care. These are challenging and laudable goals which are worthy of our support. I say they are worthy of our support because our police officers find themselves involved in the lives of many people in need on a daily basis. Sadly, these folks would be better served by a system that provided care so that contact with law enforcement could be minimized.

I, Joe Henner, as Chief of Police for the City of Grants Pass, support the goals of PrimaryHealth and expect to play an active role in the transformation of the delivery of health care in Josephine County.

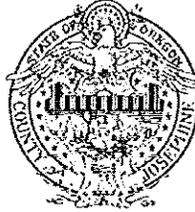
Sincerely



Joe Henner, Chief

101 Northwest "A" Street • Grants Pass, Oregon 97526 • (541) 474-6360 • FAX (541) 479-0812 • www.grantspassoregon.gov

Please note: this letter indicates support from Diane Hoover, Local Health Administrator for the Josephine County Public Health Division.



*Josephine County Board of Commissioners
Simon G. Hare, Chair - Don Reedy, Vice Chair - Harold Haugen, Commissioner*

April 23, 2012

Re: Letter of Support for PrimaryHealth of Josephine County, LLC becoming a Coordinated Care Organization

To Whom it May Concern:

This letter is in support of PrimaryHealth of Josephine County, LLC (PrimaryHealth) becoming a Coordinated Care Organization (CCO). The principal owners of PrimaryHealth have demonstrated a commitment to the health and wellbeing of residents in Josephine County through creative and innovative strategies. It is no surprise that they would be at the forefront of seeking to implement a CCO to integrate medical, behavioral and dental health services. PrimaryHealth's stated goal is to achieve a healthy population, through extraordinary patient care for everyone, and at reasonable costs, shared by all. This is to be accomplished by focusing on quality primary care services with appropriate coordination with the systems that provide physical health, mental health, chemical, dependency, dental, and long-term care. These are challenging and laudable goals which are worthy of our support.

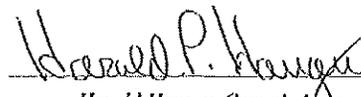
We, as a Public Health and Mental Health partner, support the goals of PrimaryHealth and expect to play an active role in the transformation of the delivery of health care in Josephine County.

Sincerely,

Board of County Commissioners


Simon G. Hare, Chair


Don Reedy, Vice Chair


Harold Haugen, Commissioner

COURTHOUSE

500 N.W. Sixth Street, Dept. 6, Grants Pass, Oregon 97526 Phone: (541) 474-5221 Fax: (541) 474-5105



Josephine County, Oregon

OFFICE OF THE DISTRICT ATTORNEY

Stephen D. Campbell, District Attorney
Josephine County Courthouse
500 NW 6th Street, Dept. 16
Grants Pass, OR 97526
(541) 474-5200 / FAX (541) 474-5201
da@co.josephine.or.us

April 24, 2012

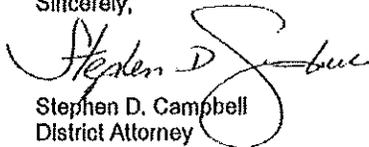
Re: Letter of Support for PrimaryHealth of Josephine County, LLC
becoming a Coordinated Care Organization

To Whom It May Concern:

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The Josephine County District Attorney's Office has been privileged to work closely with Choices Counseling Center who will be an integral part of PrimaryHealth of Josephine County if this CCO is recognized. Choices has been a significant player and leader in our local Drug Court program. We have been impressed and thankful for their leadership and commitment to top-flight drug and counseling services. We support the goals of Primary Health and hope to continue our effective partnership.

Sincerely,



Stephen D. Campbell
District Attorney

SDC:cjh

Josephine County is an Equal Opportunity Employer and complies with Section 504 of the Rehabilitation Act of 1973.



Josephine County, Oregon

Board of Commissioners: Simon G. Hara, Don Reedy, Harold Hussa

COMMUNITY CORRECTIONS

H. Abe Huntley, Director
Adult Parole and Probation

510 NW 4th Street / Grants Pass, OR 97526
(541) 474-5165 x#3713 / FAX (541) 474-5171

April 11, 2012

Re: Letter of Support for PrimaryHealth of Josephine County, LLC
becoming a Coordinated Care Organization

To Whom It May Concern:

This letter is in support of PrimaryHealth of Josephine County, LLC (PrimaryHealth) becoming a Coordinated Care Organization (CCO). The principal owners of PrimaryHealth have demonstrated a commitment to the health and well being of residents in Josephine County through creative and innovative strategies. It is no surprise that they would be at the forefront of seeking to implement a CCO to integrate medical, behavioral and dental health services. PrimaryHealth's stated goal is to achieve a healthy population, through extraordinary patient care for everyone, and at reasonable costs, shared by all. This is to be accomplished by focusing on quality primary care services with appropriate coordination with the systems that provide physical health, mental health, chemical dependency, dental, and long-term care. These are challenging and laudable goals which are worthy of our support.

As Community Corrections supervises many high needs individuals who are consumers of a variety of mental, physical as well as substance abuse services, we support the goals of PrimaryHealth and expect to play an active role in the transformation of the delivery of health care in Josephine County.

Sincerely,

A handwritten signature in black ink, appearing to read "H. Abe Huntley".

H. Abe Huntley, Director
Josephine County Community Corrections

"We are committed to protecting our community by providing accountability for adult offenders, opportunity for reformation, and justice for victims."



JOSEPHINE COUNTY, OREGON
Board of Commissioners: Simon Hare, Don Reedy, Harold Haugen
JUVENILE JUSTICE
Janine Wilson, Director
Juvenile Justice Center
301 NW F Street, Grants Pass, OR 97526
541-474-5186 x4020 Fax 541-474-5181

April 23, 2012

To whom it may concern,

I am submitting this letter to document the long term supportive partnership that has existed between Choices Treatment Center and Juvenile Justice. A Choices Counselor maintains an office at Juvenile and has handled substance abuse diversions and assessments for probation, detention and shelter youth. The counselor has also served in providing education groups within our facility.

I also wish to document the partnership Juvenile Justice shares with the Grants Pass Clinic. Dr. Kevin Molteni has served as the designated medical professional for our Multi-disciplinary team (MDT) for the past year. MDT's are required by statute to review every case of child abuse, neglect and fatality which occur in the county. Prior to the support of the Grants Pass Clinic, our children who required medical examination had to be transported to our neighboring Jackson County. Obtaining a local designated medical professional has been a long term goal of our MDT.

It is my understanding that PrimaryHealth of Josephine County, LLC has applied to become a Coordinated Care Organization (CCO). In that PrimaryHealth includes both Choices and the Grants Pass Clinic, this letter serves in support of their efforts.

Sincerely,


Janine Wilson

Josephine County is an Affirmative Action/Equal Opportunity Employer and complies with Section 504 of the Rehabilitation Act of 1973



JOSEPHINE COUNTY SHERIFF'S OFFICE

Gil Gilbertson, Sheriff

April 26, 2012

Re: Letter of Support for PrimaryHealth of Josephine County, LLC becoming a Coordinated Care Organization

To Whom It May Concern:

This letter is in support of PrimaryHealth of Josephine County, LLC becoming a Coordinated Care Organization (CCO). The principal owners of PrimaryHealth have demonstrated a commitment to the health and well-being of residents in Josephine County through creative and innovative strategies. It is no surprise that they would be at the forefront of seeking to implement a CCO to integrate medical, behavioral and dental health services.

PrimaryHealth's stated goal is to achieve a healthy population, through extraordinary patient care for everyone, and at reasonable costs, shared by all. This is to be accomplished by focusing on quality primary care services with appropriate coordination with the systems that provide physical health, mental health, chemical dependency, dental, and long-term care. These are challenging and laudable goals which are worthy of our support.

The Josephine County Sheriff's Office, as a partner in Drug Court, AA & NA Programs, support the goals of PrimaryHealth and expect to play an active role in the transformation of the delivery of health care in Josephine County.

Sincerely,

Gil Gilbertson, Sheriff

GG/sjw

Proudly Serving Our Community

601 N.W. 5th Street • Grants Pass, Oregon 97526
General Business (541) 474-5123 (541) 474-5107 Fax
jocsheriff@co.josephine.or.us

Richard S Cohen MA, MD
1624 NW Olmar Drive
Grants Pass, OR 97526
April 10, 2012

To: the Oregon Health Authority
500 Summit Street NE
Salem, Oregon 97301
Re: PrimaryHealth of Josephine County

Dear Persons:

I serve as president of KidZone Community Foundation, 501(c)(3) organization in Grants Pass, Oregon, whose mission is to promote physical activity for children. In this capacity, I organized and was medical director for Rx:Motion, which used grant funds to provide physical activity for obese youngsters through physician referral in 2010 and 2011. (http://www.kidzonefoundation.org.php5-16.dfw1-2.websitetestlink.com/?page_id=69) I am currently directing a larger version of this program (Rx: Motion 2012) for children and adults, which is funded by a grant from the CDC through Pioneering Healthier Communities. The goal of these programs is to develop the logistics and referral patterns for an ongoing proactive program in which medical professionals refer at-risk patients for physical activity as a first line therapy for obesity, diabetes and related conditions. We expect to show that the Rx: Motion approach is a cost-effective alternative to the status-quo of drug therapy, bariatric surgery and physician counseling.

PrimaryHealth of Josephine County, LLC (PrimaryHealth) is petitioning to become a Coordinated Care Organization (CCO). PrimaryHealth's stated goal is to achieve a healthy population, through extraordinary patient care for everyone, and at reasonable costs, shared by all. Their proposed organization is an ideal home for Rx:Motion. I support their efforts and look forward to working with PrimaryHealth to fulfill our common mission.

I was an independent practicing physician in Josephine County from 1977 through 2007. Through those years, the physicians and support team of the Grants Pass Clinic, and since 1992 its associated Oregon Health Management Services have exemplified quality medical care and medical care infrastructure. As this team forms the local nucleus of PrimaryHealth of Josephine County, I have no doubt that their commitment to the health of the patients they serve will remain at the highest level.

Sincerely,





April 10, 2012

RE: Letter of Support for PrimaryHealth of Josephine County, LLC becoming a Coordinated Care Organization

To Whom It May Concern,

This letter is in support of PrimaryHealth of Josephine County, LLC (PrimaryHealth) becoming a Coordinated Care Organization (CCO). The principal owners of PrimaryHealth have demonstrated a commitment to the health and well being of residents in Josephine County through creative and innovative strategies. It is no surprise that they would be at the forefront of seeking to implement a CCO to integrate medical, behavioral and dental health services.

PrimaryHealth's stated goal is to achieve a healthy population, through extraordinary patient care for everyone, and at reasonable costs, shared by all. This is to be accomplished by focusing on quality primary care services with appropriate coordination with the systems that provide physical health, mental health, chemical dependency, dental, and long-term care. Kairos (formerly SOASTC) is in support of the Health Care Transformation, and of the goals that have been articulated by PrimaryHealth.

Kairos, as a mental health provider, expects to play an active role in the transformation of the delivery of health care in Josephine County, and looks forward to working closely with PrimaryHealth on behalf of their members. Please feel free to contact me with any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Robert E. Lieberman". The signature is fluid and cursive, written over a horizontal line.

Robert E. Lieberman, M.A., LPC
Chief Executive Officer

Administrative Offices 715 SW Ramsey Avenue, Grants Pass, Oregon 97527 Phone (541) 956-4943 Fax (541) 295-3085



939 S.E. 8th Street • Grants Pass, Oregon 97526
(541) 474-1193 • 1-888-758-8569 • Fax: (541) 474-3035

April 26, 2012

Re: Letter of Support for PrimaryHealth of Josephine County, LLC becoming a
Coordinated Care Organization

To Whom It May Concern:

This letter is in support of PrimaryHealth of Josephine County, LLC (PrimaryHealth) becoming a Coordinated Care Organization (CCO). The principal owners of PrimaryHealth have demonstrated a commitment to the health and well being of residents in Josephine County through creative and innovative strategies. It is no surprise that they would be at the forefront of seeking to implement a CCO to integrate medical, behavioral and dental health services. PrimaryHealth's stated goal is to achieve a healthy population, through extraordinary patient care for everyone, and at reasonable costs, shared by all. This is to be accomplished by focusing on quality primary care services with appropriate coordination with the systems that provide physical health, mental health, chemical dependency, dental, and long-term care. These are challenging and laudable goals which are worthy of our support.

Lovejoy Hospice, as a provider of end-of-life care for residents of Josephine County, supports the goals of PrimaryHealth and expects to play an active role in the transformation of the delivery of health care in Josephine County.

Sincerely,

Nancy Livingood, MSW
Social Support Services Manager &
Certified Hospice Administrator

Cc: Lovejoy Hospice Executive Director D. Silva

Lovejoy Hospice, Inc. is a 501(c)3 non-profit agency. Contributions are tax deductible within state and federal laws.



4/30/2012 13:39

southern OR

krissie -> ohms

1/1

RECEIVED

APR 30 2012

OHMS



Re: Letter of Support for PrimaryHealth of Josephine County, LLC becoming a Coordinated Care Organization

To Whom It May Concern:

This letter is in support of PrimaryHealth of Josephine County, LLC (PrimaryHealth) becoming a Coordinated Care Organization (CCO). The principal owners of PrimaryHealth have demonstrated a commitment to the health and well being of residents in Josephine County through creative and innovative strategies. It is no surprise that they would be at the forefront of seeking to implement a CCO to integrate medical, behavioral and dental health services. PrimaryHealth's stated goal is to achieve a healthy population, through extraordinary patient care for everyone, and at reasonable costs, shared by all. This is to be accomplished by focusing on quality primary care services with appropriate coordination with the systems that provides physical health, mental health, chemical dependency, dental, and long-term care. These are challenging and laudable goals which are worthy of our support.

I, as a primary care provider, support the goals of PrimaryHealth and expect to play an active role in the transformation of the delivery of health care in Josephine County.

Sincerely,

Lisa Callahan RN, MSN, CPNP

Lisa Callahan C.P.N.P. 1466 B NE 7th Street, Grants Pass, OR 97526 (641) 471-0100



April 17, 2012

Rick Jones, Director
Choices Counseling Center
109 NE Manzanita Avenue
Grants Pass, OR 97526

To whom it may concern:

Re: Support for PrimaryHealth of Josephine County, LLC

I am writing to express my support for PrimaryHealth in its application to become a Coordinated Care Organization (CCO). The principal owners of PrimaryHealth have demonstrated a commitment to the health and well being of residents in Josephine County through creative and innovative strategies. It is no surprise that they would seek to implement a CCO to integrate medical, behavioral and dental health services. PrimaryHealth's stated goal is to achieve a healthy population, through extraordinary patient care for everyone, and at reasonable costs shared by all. They propose to accomplish this by focusing on quality primary care services with appropriate coordination with the systems that provide physical health, mental health, chemical dependency, dental, and long-term care. These are challenging and laudable goals that are worthy of our support.

OnTrack Inc. provides residential addiction treatment at four locations in Jackson and Josephine Counties. OnTrack staff will continue to treat appropriate referrals from Josephine County and particularly from PrimaryHealth in all four of our residential programs and throughout our other programs as appropriate. We support the goals of PrimaryHealth and expect to play an active role in the transformation of the delivery of health care in Josephine County.

Please contact me if I can provide further information regarding our services.

Sincerely,

A handwritten signature in black ink, appearing to read "Rita Sullivan".

Rita Sullivan, Ph.D.
Executive Director

221 West Main Street, Medford, OR 97501
 
 806 NW 6th Street • Grants Pass, OR 97526
 Tel: 541-772-1777 • Fax: 541-734-2410
 Tel: 541-955-9227 • Fax: 541-955-7499 • Toll free: 877-822-0191



April 25, 2012

Re: Letter of Support for PrimaryHealth of Josephine County, LLC becoming a Coordinated Care Organization

To Whom It May Concern:

This letter is in support of PrimaryHealth of Josephine County, LLC (PrimaryHealth) becoming a Coordinated Care Organization (CCO). The principal owners of PrimaryHealth have demonstrated a commitment to the health and well being of residents in Josephine County through creative and innovative strategies. Over the years we have worked closely with many of the principle owners of PrimaryHealth and they are well aware of the need in our community for more effective engagement of citizens into preventive and evidence-based health care services. Josephine County's Community Mental Health Program, Options for Southern Oregon, has a long history of demonstrated partnerships and collaboration with the primary care and addictions providers affiliated with PrimaryHealth. Through joint SAMHSA projects on homelessness and methamphetamine addiction, participation on quality assurance committees and numerous shared performance improvement projects designed to improve the overall health of our mutual members and clients, we share a history of collaboratively addressing health care needs in our community.

We look forward to our continued work with you on this new and innovative venture which promises to not only break down barriers to quality, cost-effective care, but which will continue to foster those working relationships between community agencies which are vital to the healthiness of our community.

Options for Southern Oregon, Josephine County's Community Mental Health Program, supports the goals of PrimaryHealth and expects to play an active role in the transformation of the delivery of health care in Josephine County.

Sincerely,

A handwritten signature in cursive script, appearing to read "Karla McCafferty".

Karla McCafferty
 Executive Director, Options for Southern Oregon, Inc.
 Josephine County Mental Health Director

Administration
 1215 SW G St.
 Grants Pass, OR 97526
 Ph. 541-476-2373
 Fax 541-476-1526

Child Services
 1181 SW Ramsey
 Grants Pass, OR 97527
 Ph. 541-476-2373
 Fax 541-479-2450

Adult Services
 1545 Harbeck Rd.
 Grants Pass, OR 97527
 Ph. 541-476-2373
 Fax 541-295-3069

Medical Records
 1545 Harbeck Rd.
 Grants Pass, OR 97527
 Ph. 541-476-2373
 Fax 541-955-7444

This agency is an equal opportunity provider.

**RECEIVED**

APR 19 2012

OHMS

April 17, 2012

To Whom It May Concern:

Re: Letter of Support for PrimaryHealth of Josephine County, LLC

I'm writing in support of PrimaryHealth of Josephine County, LLC (PrimaryHealth) in becoming a Coordinated Care Organization (CCO). The principal owners of PrimaryHealth continually demonstrate a commitment to the health and well being of residents in Josephine County. They are creative and innovative and it's no surprise that they are at the forefront of integrating medical, behavioral and dental health services. As a CCO, PrimaryHealth's stated goal is to achieve a healthy population, through extraordinary patient care for everyone, and at reasonable costs, shared by all. This is to be accomplished by focusing on quality primary care services and appropriate coordination with physical health, mental health, chemical dependency, dental, and long-term care providers. These are admirable goals which are worthy of our support.

Pinnacle Healthcare Management, Inc. operates two skilled nursing facilities in Grants Pass. As a post-acute care provider, we strongly support the goals of PrimaryHealth and expect to play an active role in the transformation of the health care delivery system in Josephine County.

Sincerely,

Julie E. Carlson
President



Location: 564 SW Foundry St.
Mailing Address: PO Box 2004
Grants Pass, OR 97528
www.rochome.org

April 11, 2012

Re: Letter of Support for PrimaryHealth of Josephine County, LLC
becoming a Coordinated Care Organization

To Whom It May Concern:

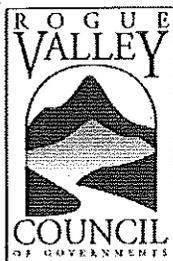
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The ROC Food Pantry, whose mission is to provide food and clothing for all in need, has also begun a pilot test program that will strive to provide and implement a healthier food diet for the ROC clients. OHMS has helped advise and guide the administration of the ROC as we move forward with this program that will impact both walk in and home delivery clients.

We support the goals of PrimaryHealth and expect to play an active role in the transformation of the delivery of health care in Josephine County.

Sincerely,
Ruth Johnson
Executive Director, ROC Food Pantry
director@rochome.org
Office: (541) 476-3344
ROC cell: (541) 659-2250



Administration Office
Senior and Disability Services

(541) 664-6674 • FAX (541) 664-7927 • www.rvcog.org

May 1, 2012

To whom it may concern:

As Director for Senior and Disability Services Rogue Valley Council of Governments, I am administratively responsible for Aging and People with Disabilities (APD) services in Jackson and Josephine counties. In this capacity I am happy to write this letter of support for PrimaryHealth.

Our APD staff provide Medicaid, SNAP, and other benefits for low income target populations. In addition we provide a number of non-Medicaid services including Oregon Project Independence and the Food & Friends Meals on Wheels programs. As one of the Oregon Health Plan entities in our area, our APD staff have worked closely with Oregon Health Management Services (OHMS) for many years. OHMS in particular understands the need for collaboration and effective communication in order to serve the client in the most effective way. They demonstrate this by assigning Enhanced Care Coordinators who are creative in problem-solving and communicate with us in a timely fashion.

In our discussion with OHMS, as they form the PrimaryHealth CCO, it is apparent that they see this transformation as an opportunity to strengthen their collaboration and creative problem solving with our long term care clients. We are pleased to support their effort and look forward to working with them in their new CCO role.

Sincerely,

Donald O. Bruland
 Director

155 N. 1st Street • P.O. Box 3275 • Central Point, OR 97502

A designated Area Agency on Aging for Jackson and Josephine Counties Providing Services to Seniors and Adults with Disabilities

SDS 1664 (6/05)



April 23, 2012

Re: Letter of Support for PrimaryHealth of Josephine County, LLC becoming a Coordinated Care Organization

To Whom It May Concern:

This letter is in support of PrimaryHealth of Josephine County, LLC (PrimaryHealth) becoming a Coordinated Care Organization (CCO). The principal owners of PrimaryHealth have demonstrated a commitment to the health and well being of residents in Josephine County through creative and innovative strategies. It is no surprise that they would be at the forefront of seeking to implement a CCO to integrate medical, behavioral and dental health services. PrimaryHealth's stated goal is to achieve a healthy population, through extraordinary patient care for everyone, and at reasonable costs, shared by all. This is to be accomplished by focusing on quality primary care services with appropriate coordination with the systems that provide physical health, mental health, chemical dependency, dental, and long-term care. These are challenging and laudable goals which are worthy of our support.

We, as Josephine Counties Federally Qualified Health Center (FQHC) providing Family Practice, OB, Mental Health, Dental services, Pharmacy, Laboratory, School Based Health Centers, and Outreach services, support the goals of PrimaryHealth and expect to play an active role in the transformation of the delivery of health care in Josephine County.

Sincerely,

Kurt Higuera, CEO

Mission Statement: Identify and provide care for primary health needs of our community in a professional and compassionate manner.

www.siskiyouhealthcenter.com

<p>Grants Pass Medical 1701 NW Hawthorne Avenue Grants Pass, OR 97526 Ph: 541.471.3453 Fax: 541.471.1439</p>	<p>Grants Pass Dental 1035 NE 6th Street Grants Pass, OR 97526 Ph: 541.479.6393 Fax: 541.479.6389</p>	<p>Cave Junction Medical 25547 Redwood Hwy. • PO Box 1830 Cave Junction, OR 97523 Ph: 541.592.4111 Fax: 541.592.3916</p>
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Siskiyou Community Health Center is a private, not-for-profit, equal opportunity provider and employer.



Southern Oregon Child and Family Council Inc.

1001 Beall Lane · P.O. Box 3697 · Central Point, OR 97602 · (541) 734-5150 · Fax (541) 734-2270
 Josephine County Office: 223 SE M Street, Coalition for Kids Bldg · Grants Pass, OR 97626 · (541) 472-4851 · Fax (541) 472-4855

April 25th, 2012

Re: Letter of Support for PrimaryHealth of Josephine County, LLC
 becoming a Coordinated Care Organization

To Whom It May Concern:

This letter is in support of PrimaryHealth of Josephine County, LLC (PrimaryHealth) becoming a Coordinated Care Organization (CCO). The principal owners of PrimaryHealth have demonstrated a commitment to the health and well-being of residents in Josephine County through creative and innovative strategies. It is no surprise that they would be at the forefront of seeking to implement a CCO to integrate medical, behavioral, and dental health services. PrimaryHealth's stated goal is to achieve a healthy population, through extraordinary patient care for everyone, and at reasonable costs shared by all. This is to be accomplished by focusing on quality primary care services with appropriate coordination with the systems that provide physical health, mental health, chemical dependency, dental, and long-term care. These are challenging and laudable goals which are worthy of our support.

Southern Oregon Head Start serves over 1,200 low-income children and their families each year. We ensure that children have well-child exams, dental exams, and any treatment that is needed. We also provide hearing, vision, and developmental screenings for each child. When possible, we help families establish a medical and dental home for their children. We support the goals of PrimaryHealth, and expect to play an active role in working with the transformation of the delivery of health care in Josephine County.

Regards,

Nancy S. Nordyke
 Head Start Director
 Southern Oregon Head Start

Southern Oregon Head Start · Early Head Start · Oregon PreKindergarten Program · Listo
 Serving Children and Families since 1967



JOSEPHINE COUNTY OFFICE

541 471-3363
FAX 541 471-3365

215 S.E. SIXTH STREET
FOURTH FLOOR
GRANTS PASS, OREGON 97526

DOUGLAS M. ELDER
Executive Director

April 9, 2012

KATE BARDENHUGH

Re: Letter of Support for PrimaryHealth of Josephine County, LLC becoming a Coordinated Care Organization

ALESSIA R. BARRICHELLO

GARY A. BERLANE

MICHAEL P. BERTHOUD

To Whom It May Concern:

JACOB CAPLAN

SARA J. COLLINS

SAVANNAH R. EVANS

JOHN HANCOCK

ZACHARY W. LLOYD

OLENA LEEV

JOSEPH O. JAMES

CHRISTOPHER JANSSEN

LOUIE R. JOHNSON

DANIEL R. PASTER

GARRETT PEDERSON

DIANA K. PETERSON

KERRY W. SAVASTYCH

SARAH S. RUSSELL

JOSHUA ROSAS

PETER J. SMITH

MATTHEW R. TAYLOR

ANDY VANDEGRAN

VICTORY D. WALKER

Office Manager

LOUIE DEBOIS

Receptionist

BARBARA BROWN

KAREN K. CARROLL

REGINA M. CROFT

ROS WASHINGTON

Physician

TAMARA L. S. BARNETT

Drug Court Coordinator

CASEY R. BLACK

This letter is in support of Primary Health of Josephine County, LLC (PrimaryHealth) becoming a Coordinated Care Organization (CCO). The principal owners of PrimaryHealth have demonstrated a commitment to the health and well-being of residents in Josephine County through creative and innovative strategies. It is no surprise that they would be in the forefront of seeking to implement a CCO to integrate medical, behavioral and dental health services. PrimaryHealth's stated goal is to achieve a healthy population, through extraordinary patient care for everyone, and at reasonable costs, shared by all. This is to be accomplished by focusing on quality primary care services with appropriate coordination with the systems that provide physical health, mental health, chemical dependency, dental, and long-term care. These are challenging and laudable goals which are worthy of our support.

As the County Drug Court Coordinator for over 14 years, I have worked side by side with OHMS and Choices Counseling Center to provide services for individuals in our community. I cannot say enough about the professionalism, integrity, and care that both of these organizations have for those they provide services too.

I, as the Josephine County Drug Court Coordinator, support the goals of PrimaryHealth and expect to play an active role in the transformation of the delivery of health care in Josephine County.

Sincerely,



Casey Black
Drug Court Coordinator
Josephine County Drug Court
Southern Oregon Public Defender, Inc.
Grants Pass, OR 97526
(541) 471-3363 Fax (541) 417-3365

JOSEPHINE COUNTY OFFICE

Southern Oregon Public Defender, Inc.

541 471-3363
FAX 541 471 3365

215 S. E. SIXTH STREET
FOURTH FLOOR
GRANTS PASS, OREGON 97526

DOUGLAS M. EDGAR
Executive Director

April 9, 2012

CAROL BENDISCH

Re: Letter of Support for PrimaryHealth of Josephine County, LLC becoming a Coordinated Care Organization

ALEXIA R. BETHROODNEY

GARY A. BERLANT

To Whom It May Concern:

JACQUELYN P. BIRNBOOM

JACQUELYN P. BIRNBOOM

SAFA J. COLLIER

This letter is in support of Primary Health of Josephine County, LLC (PrimaryHealth) becoming a Coordinated Care Organization (CCO). The principal owners of PrimaryHealth have demonstrated a commitment to the health and well-being of residents in Josephine County through creative and innovative strategies. It is no surprise that they would be in the forefront of seeking to implement a CCO to integrate medical, behavioral and dental health services. PrimaryHealth's stated goal is to achieve a healthy population, through extraordinary patient care for everyone, and at reasonable costs, shared by all. This is to be accomplished by focusing on quality primary care services with appropriate coordination with the systems that provide physical health, mental health, chemical dependency, dental, and long-term care. These are challenging and laudable goals which are worthy of our support.

SARASWATHI R. ERATHI

JOHN HANCOCK

ZACHARY W. HOYT

GREGG LEST

JOSEPH O. MAHER

CHRISTOPHER J. MATHIAS

LAURIE R. MCGRAW

As one of the founding members of the committee which established our drug court, I have worked side by side with OIIMS and Choices Counseling Center to provide services for individuals in our community. I cannot say enough about the professionalism, integrity, and care that both of these organizations have for those they provide services too.

DANIEL R. PARRIS

JANET L. PETERSON

DANNA K. PHELPS

KELLY W. PAVANZINI

I, as the Assistant Administrator of Southern Oregon Public Defender, support the goals of PrimaryHealth and expect to play an active role in the transformation of the delivery of health care in Josephine County.

SARAH S. POSEY

JUSTIN L. ROSS

PETER J. SMITH

MATTHEW R. TAYLOR

Sincerely,

ANDY VANDEKAM

VICTOR D. WALKER

Office Manager
TODD L. DRUCE

Investigator
BATES BRIDGES

Investigator
KATHLEEN CANNONERS

Investigator
RODNEY MATHIAS

Investigator
TAMMY L.K. HOGGUE

Drug Court Coordinator
CASEY R. BLACK

Gary A. Berlant
Attorney at Law
Assistant Administrator
Southern Oregon Public Defender, Inc.
Grants Pass, OR 97526
(541) 471-3363 Fax (541) 417-3365



Three Rivers School District

8550 New Hope Rd • PO Box 160 • Murphy OR • 97533 • 541.862-3111 Ext. 5222 • Fax 541.862.3119

Dan Huber-Kantola
Superintendent

Shelly Quick
Administrative Assistant

April 25, 2012

Re: Letter of Support for PrimaryHealth of Josephine County, LLC
Becoming a Coordinated Care Organization

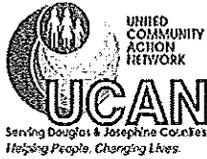
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Three Rivers School District has worked with Choices Counseling Center/ Oregon Health Management Services to provide substance abuse screening, assessment and education to our staff and students for over a decade. The staff at Hidden Valley and Illinois Valley high schools as well as two of the middle schools has routinely relied on trained staff for screening, intervention and referral. We appreciate the ability to work with a program that can assist us in keeping our students safe and enrolled in school. Three Rivers School District supports the goals of PrimaryHealth and expect to play an active role in the transformation of the delivery of health care in Josephine County.

Sincerely,

Dan Huber-Kantola
Superintendent



April 10, 2012

Subject: Letter of Support for PrimaryHealth of Josephine County, LLC
 Becoming a Coordinated Care Organization

To Whom It May Concern,

This letter is in support of PrimaryHealth of Josephine County, LLC (PrimaryHealth) becoming a Coordinated Care Organization (CCO). The principal owners of PrimaryHealth have demonstrated a commitment to the health and well being of residents in Josephine County through creative and innovative strategies. It is no surprise that they would be at the forefront of seeking to implement a CCO to integrate medical, behavioral and dental health services. PrimaryHealth's stated goal is to achieve a healthy population, through extraordinary patient care for everyone, and at reasonable costs, shared by all. This is to be accomplished by focusing on quality primary care services with appropriate coordination with the systems that provide physical health, mental health, chemical dependency, dental, and long-term care. These are challenging and laudable goals which are worthy of our support.

UCAN is an organization that helps low income families addresses some of the key environmental factors that influence the health conditions of individuals. This includes assisting families maintain their existing housing or to obtain affordable housing if homeless, as well as providing healthy food to families. Because of the vital role we play in maintaining healthy families we support the goals of PrimaryHealth and expect to play an active role in the transformation of the delivery of health care in Josephine County.

Sincerely,

Michael Fieldman
 Michael Fieldman
 UCAN Executive Director

"Creating Solutions to Poverty - Improving Lives In Our Community"

www.ucanap.org

280 Kenneth Ford Drive, Roseburg, OR, 97470 (541) 672-3421 / 201 NE 8th Street, Grants Pass, OR, 97626 (541) 856-4050





560 NE F St. Suite A430
Grants Pass OR 97526
541 476-3877
www.wcstjaco.org

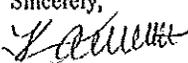
April 9, 2012

Re: Letter of Support for PrimaryHealth of Josephine County, LLC
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Women's Crisis Support Team, a non-profit domestic violence and sexual assault agency, supports the goals of PrimaryHealth and expect to play an active role in the transformation of the delivery of health care through the clients we serve in Josephine County.

Sincerely,

Krisanna Albrecht
Executive Director

Women's Crisis Support Team

& Talsunne Safe House

Executive Director

Krisanna Albrecht

Board of Directors

Georgia Moulton

Marty Bauer

Barb Hochberg

August Hunlcke

Janet Moret

Karen Redding

Scott Swindells

Karen Zimmer

"Dedicated to ending domestic violence and sexual assault through intervention, prevention, and safe shelter."



April 10, 2012

RE: Letter of Support for PrimaryHealth of Josephine County, LLC becoming a Coordinated Care Organization

To Whom It May Concern:

It is my pleasure to write this letter in support of PrimaryHealth of Josephine County, LLC (PrimaryHealth) becoming a Coordinated Care Organization (CCO). The principal owners of PrimaryHealth have demonstrated a commitment to the health and well-being of residents in Josephine County through creative and innovative strategies. It is no surprise that they would be at the forefront of seeking to implement a CCO to integrate medical, behavioral and dental health services.

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Our organization, the Grants Pass Family YMCA, has been very pleased to work with this group for the betterment of the overall health of Josephine County. We support the goals of PrimaryHealth and expect to play an active role in the transformation of the delivery of health care in Josephine County.

Sincerely,

Kevin Clark
Executive Director

Grants Pass Family YMCA

1000 Redwood Avenue • P.O. Box 5439 • Grants Pass, Oregon 97527
541-474-0001 • fax 541-474-0087 • www.grantspassymca.org

Philip & Lynn Turnbull
1156 Conestoga Drive,
Grants Pass, OR 97527

RECEIVED

APR 24 2012

OHMS

Re: Letter of Support for PrimaryHealth of Josephine County, LLC
becoming a Coordinated Care Organization

To Whom It May Concern:

This letter is in support of PrimaryHealth of Josephine County, LLC (PrimaryHealth) becoming a Coordinated Care Organization (CCO). The principal owners of PrimaryHealth have demonstrated a commitment to the health and well being of residents in Josephine County through creative and innovative strategies. It is no surprise that they would be at the forefront of seeking to implement a CCO to integrate medical, behavioral and dental health services. PrimaryHealth's stated goal is to achieve a healthy population, through extraordinary patient care for everyone, and at reasonable costs, shared by all. This is to be accomplished by focusing on quality primary care services with appropriate coordination with the systems that provide physical health, mental health, chemical dependency, dental, and long-term care. These are challenging and laudable goals which are worthy of our support.

We, as Foster Parents, support the goals of PrimaryHealth and expect to play an active role in the transformation of the delivery of health care in Josephine County.

Sincerely,
Philip and Lynn Turnbull



JOCOPFA
P.O. BOX 5509
GRANTS PASS, OR. 97528

To Whom It May Concern:

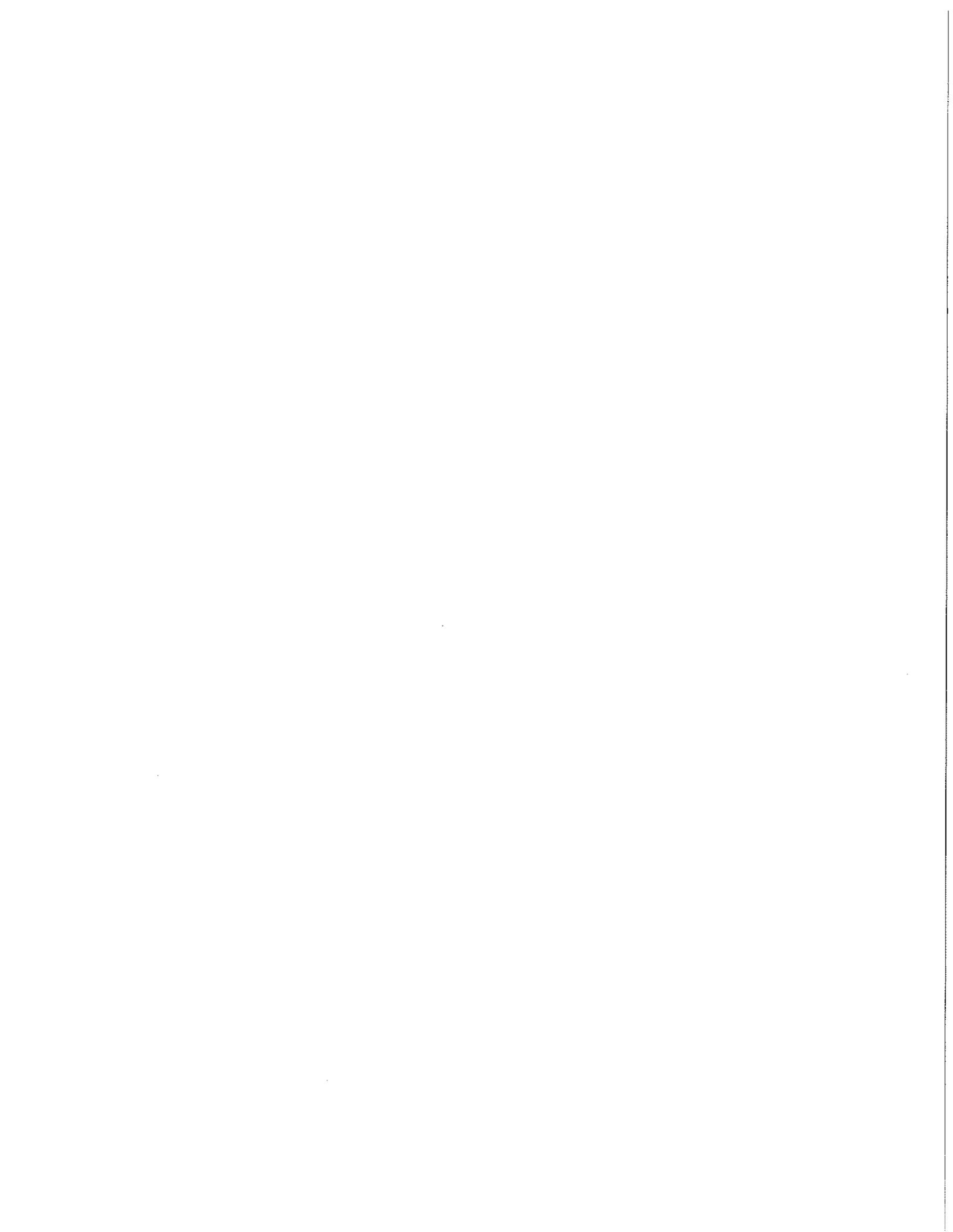
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We, as foster parents, have children placed in our homes who are coming out of abusive and neglectful situations. We are required to have the children seen by a primary care provider as well as a dentist within the first 30 days of placement. Working with a CCO would help make this, as well as other tasks, more manageable. The Josephine County Foster Parent Association supports the goals of PrimaryHealth and expects to play an active role in the transformation of the delivery of health care in Josephine County.

Sincerely,

A handwritten signature in black ink, appearing to read "Andrea L. VanAuker". The signature is fluid and cursive, written over a white background.

Andrea L. VanAuker
Vice President
Josephine County Foster Parent Association



Résumé
David E. Ford

March 2003 to Present

CareOregon President and CEO 2003 to Present
Medicare and Medicaid Health Plan of 165,000 Members.
Financial turnaround and repositioned to become a leader for care innovation and public policy for serving the uninsured.

April 2002

Principal, Health Commons

Clients:

Asset Management, Palo Alto, CA: Venture Capital firm. Restart and reposition a software venture investment
Community Health Plans of Washington: Product Line Extension
Premera, Seattle: Network assessment for triple tiered PPO
Product Introduction
MedStar and National Medical Center, Columbia, MD: Cost Containment evaluation and plan for their HMO, Helix Health
University of MD, Baltimore County: Business Plan development for their Institute of Program Development and Evaluation

June 1999 to April 2002

AMERIGROUP, Mid Atlantic Region, CEO and President
Turned around a 120,000 member Medicaid book of business acquired from Prudential at 106% Medical Expense Ratio to 83% in year 1 and 78% subsequently.
Principle regions were Baltimore and Washington DC.

1992 -1998

Northwest Region President and CEO: Series of Acquisitions and Consolidations; Continuous role but sequential organizations.

1998: Aetna acquired NYLCare. Facilitated the integration with Aetna staff and systems. Invited to stay, but opted for exit package after six months.

1996: NYL Care, NW Regional CEO. NY Life acquired ETHIX. Only Regional CEO to remain after 2 years. Grew PPO only business, to Insured, ASO, and PPO enrollment to 330,000 covered lives. Bid and was awarded the State of Alaska account of 83,000 active and retired lives. Administered the active members in Seattle and syndicated the Retiree members within

the NYLCare System. Implemented the set up, from award to operational readiness, in 4 months

1992-1996: ETHIX NW: President and CEO of 156,000 member PPO including 84,000 Washington Teamsters. Created virtual fully capitated Medicaid HMO by contracting with Regence to front a license, out-sourced claims administration and organized a unique community-risk-base provider network. Started with 14,000 Members and grew to 90,000 full risk members.

1979-1991 Blue Cross and Blue Shield Experience

1984-1991: Blue Cross of WA and AK, Seattle, Vice President of Health Care Systems.
Managed Provider Contracting for all lines of business including HMO and PPO and all nursing managed care including concurrent review, utilization and case management.
Established first PPO's, the Prudent Buyer Plans, in Washington and Alaska.
Reestablished Hospital 'fair payment' contracts.

1983: Washington Physicians' Service. Seattle Vice President for Health Care Systems. Project manager for Statewide 13 Organization hospital contracting project for all the Blue Shield Plans. First in 60 year history.

1979-83: Medical Service of Eastern Washington. Vice President of Health Care Systems and VP Personnel. Provider relations and established cost containment program, strategic planning. Key extensive involvement in legislature for changing hospital regulation laws.

1976-1979 SAFECO Life and Health

Plan Manager: Spokane, WA. Innovative Primary Capitated HMO. All Sales through Brokers and Consultants, Managed Physician Advisory Council, Provider Contracting and Claims Operations.

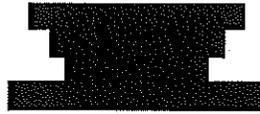
Marketing Representative: Woodland, CA. Marketed HMO through the Woodland Clinic. Won various marketing awards and trips for sales achievements. Promoted and transferred to Spokane, WA.

Education:

BA in American Studies, University of CA, Davis 1973
Masters Study in History and Philosophy

Military:

Infantry Lieutenant: Civil Affairs Officer, South Vietnam 1971

CAROLYN J. (FRITZ) RANKIN**PROFESSIONAL EXPERIENCE**

- **CAREOREGON, INC.,** Portland, OR – 2003 to present

Chief Operations Officer/Chief Financial Officer for non-profit corporation providing health care benefits for over 100,000 Medicare and Medicaid recipients

- Instrumental in financial turn-around of organization with annual revenues of over \$350 million and 200+ employees
- Responsible for finance, IT, claims, customer service, human resources, and facilities.
- Managed implementation of QCSI software for claims processing and related case management, bringing claims operations in house
- Formed new subsidiary corporation for Medicare line of business, becoming licensed by CMS and State of Oregon as health care services contractor in record time
- Purchased and remodeled 11-story building for operations and relocated all employees

- **RANKIN ASSOCIATES,** Seattle, WA 98102 - 1993 to present

Principal in firm providing financial consulting, project management and software sales and implementation, including

- Consulted with top management in corporate restructuring, refinancing, profitability analysis, and systems review in commercial airline industry
- Worked with management and legal representatives in corporate reorganizations and liquidations
- New venture financial planning: designed and produced proforma financial statements; designed management and compliance reporting; met with investors and/or regulators to discuss proformas
- Project management: developed detailed plans for systems implementations, managing time and budget constraints of clients installing fully-integrated financial and manufacturing systems, including materials resource planning and scheduling features
- Complete system review: identified key business requirements and strengths and weaknesses of current and alternative systems; developed action plan for migration
- Manufacturing system implementation management: trained personnel in defining bills of materials, fixed and variable costs, overhead and burden
- System design: evaluated workflow and system controls, to identify internal control vulnerabilities, life cycle of system
- Data conversions: mapped and assisted programmers in moving clients from legacy systems to new systems with different databases and data structures
- Cost accounting system design: designed systems to comply to applicable GAAP, Medicare, Medicaid, CHAMPUS and IRS rules; assured fully-absorbed inventory costing compliance

- **THE SIMPSON & FISHER COMPANIES, INC.**, Seattle, WA 98101 - 1990 to 1993

Chief financial executive for parent and two subsidiary corporations, Westminster Lace and Yankee Peddler, operating 37 specialty retail stores with 250 employees with annual sales of \$15 million. Designed and implemented automated financial systems, cash flow forecasting, and store profit and loss statements. Developed Plan of Reorganization under Chapter 11 of U. S. Bankruptcy Code.

- **PREMERA BLUE CROSS**, Seattle, WA - 1982 to 1990

Senior Vice President, Finance, Corporate Treasurer, and Chief Financial Executive of provider of health and life insurance in two states, with annual revenues of \$450 million and 1,200 employees. Managed staff of 90 who were responsible for investment activity, cash flow, banking, loss prevention, and all treasury and accounting functions for four corporations and three government programs. Supervised design and implementation of automated financial systems. Managed installation of first automated cost accounting system in company's history, from systems needs assessment through implementation. Managed internal consulting group of industrial engineers, performing work measurement and internal business process re-engineering

- **PACCAR, Inc.**, Bellevue, WA 98009 - 1976 to 1982

Corporate Accounting Manager (1980—1982) - Controller of Corporate division and research & development center for parent company of Peterbilt and Kenworth Trucks, with annual revenues exceeding \$1.5 billion. Managed consolidated cash receipts and transfers, general ledger, accounts and notes receivable and payable, short term investments, intercompany accounts and insurance (product liability, health, life, workers compensation). Provided software specifications, vendor selection and management of corporate wide implementation of new fixed assets system for 25 foreign and domestic subsidiaries.

Assistant Corporate Accounting Manager (1978—1980) - Assistant Manager of division, with duties described as above, in addition to responsibility for corporate consolidated financial statements and SEC reporting. Implementation of first automated system for consolidation of all corporate entities.

General Accounting Manager - Pacific Car & Foundry Division (1977—1978) - Responsible for employees' activities in division general accounting section, including fixed assets, sales invoicing, accounts receivable and payable, cash receipts and general ledger.

General Accounting Supervisor - Pacific Car & Foundry Division (1976—1977) - Supervision of accounting activities for sales invoicing, accounts receivable, fixed assets and cash receipts. Implementation of division automated accounts receivable system.

- **ERNST & YOUNG**, Seattle, WA - 1973—1976

Progressed from junior to senior auditor, performing on audit, tax, and management consulting services engagements for clients in retail sales, government service, manufacturing, international trading, public power supply, and real estate management. Preparation of consolidated financial statements, federal and state income tax returns, and 10-K and 10-Q documents for privately and publicly-held firms.

- **PETERSON & SULLIVAN, CPA's**, Seattle, WA - 1971—1973

Junior accountant, preparing audited and unaudited financial statements, business and payroll tax returns, preparing state and federal corporate, partnership, and individual income tax returns

EDUCATION

University of Washington, Seattle, WA, B. S., Business, with major in Accounting

Case Western Reserve University, Cleveland, OH; part-time

Wharton Business School, University of PA, Managing in the Service Industry

University of Michigan, Executive Management and Management of Managers

PROFESSIONAL MEMBERSHIPS

Financial Executives Institute, Board of Directors

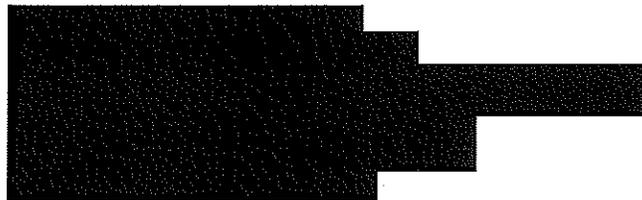
American Institute of Certified Public Accountants

Washington State Society of Certified Public Accountants

HIMSS Oregon Chapter, Board of Directors

Curriculum Vitae
Margaret S. Rowland, M.D.
2011

PERSONAL



EDUCATION

Smith College, Northhampton, MA. – A.B. 1973
University of Cincinnati College of Medicine Cincinnati, Ohio – M.D. 1977
Maine Medical Center, Portland, Maine Family Practice Residency Program 1977-1980

BOARD CERTIFICATION

National Board of Medical Examiners Diplomate – 1978
American Board of Family Practice Certification – July, 1988
Recertification – July, 1986; July, 1992

MEDICAL LICENSES

Oregon License 18055
Washington License MD00035861

EMPLOYMENT

2004 – Present	Chief Medical Officer CareOregon, Inc.
2001 – 2003	Medical Director Providence Health Plans
1998 – 2001	Medical Director PacifiCare of Oregon
1997 – 1998	Associate Medical Director PacifiCare of Oregon

Curriculum Vitae
Margaret S. Rowland, M.D.
2011

- 1992 – 1996 Associate Medical Director
Healthsource Maine, Inc.
- 1980 – 1992 Family Physician
Yarmouth Family Physicians
14 Bayview St.
Yarmouth, Maine 04096
- 1980 – 1983 Attending physician in the outpatient clinic of the
Maine Medical Center/Mercy Hospital Family Practice
Residency Program – teaching residents and medical
students
- 1980 – 1992 Attending physician teaching residents on the Family
Practice inpatient service at Mercy Hospital
Portland, Maine

COMMITTEES, APPOINTMENTS AND MEMBERSHIPS

- 2007 - Board of Directors: Albertina Kerr, Inc. A not for profit agency
serving disabled adults and at-risk youth
- 2002 – 2007 Board of Directors: Bucknell University Parents' Association.
Executive Committee member, 2005 – 2007
- 2002 – 2004 Volunteer, Essential Health Clinic Hillsboro, Or
- 1999 – 2001 Advisory Board, Northwest Center for Physician-Patient
Communications, Portland, Oregon
- 1981 – 1996 Active Staff – Maine Medical Center, Portland, Maine
- 1981 – 1996 Active Staff – Mercy Hospital, Portland, Maine
- 1980 – 1996 Active Member – Maine Academy of Family Physicians
- 1980 – Present Active Member – American Academy of Family Physicians
- 1996 – Present Active Member – Oregon Academy of Family Physician
- 1981 – 1992 Clinical Instructor – University of Vermont College of Medicine

Rod A. Meyer



Qualifications: Experience in management, systems administration, and application development perspectives of information technology. I have successfully held positions of Director, Systems Programmer, Programming Manager, and Application Developer in an Information Technology environment. I have also demonstrated the ability to work closely and effectively with individuals at all levels of an organization on a variety of projects.

Experience: Director of IS (September 2002 – present)
CareOregon, Inc., Portland, Oregon

- Responsible for all management aspects of the Information Systems department consisting of a team of IS professionals with expertise in data analysis, desktop support, system networking, phone systems, systems administration, systems coordination, applications programming, web development, PC's and systems operations.
System: Microsoft Window XP and 2000, SQL Server 2000, SAS, MapInfo, EZCAP

Sr. Systems Developer (March 2000 – August 2002)
CareOregon, Inc., Portland, Oregon

- Involved in the installation, implementation and maintenance of a managed care system, EZCAP, that includes modules related to eligibility, provider data, customer service, case management, and an internet based module, EZNET, for referral entry and eligibility inquiry.
System: Microsoft Window 2000, SQL Server 7, SPSS, SAS, MapInfo, EZCAP

Director of Information Technology (Jan 1998 - March 2000)
Pacific Heritage Administrators, Portland, Oregon

- Responsible for all management aspects of the Information Systems department consisting of a team of IS professionals with expertise in networking, phone systems, systems programming, systems coordination, applications programming, PC's and systems operations.

- Responsible for the complete retooling of all information systems to administer business as a dental and health TPA administering only partially self funded groups with individual and aggregate stop loss limits. Prior to this the company had operated primarily as a risk bearing insurance organization.

- Also was required to design and implement a complete replacement of the group and individual billing system (Groupfacts) because of Y2K considerations. This system not only replaced, but greatly improved on the previous system in terms of improved turnaround on group bills, COBRA bills, id cards and reporting.

System: IBM ES9221-150, VSE/ESA, CICS, VTAM, UNIX, Sybase

Sr. Programmer Analyst / Systems Programmer (Oct 86 - Dec 1997)
Pacific Heritage Assurance, Portland, Oregon

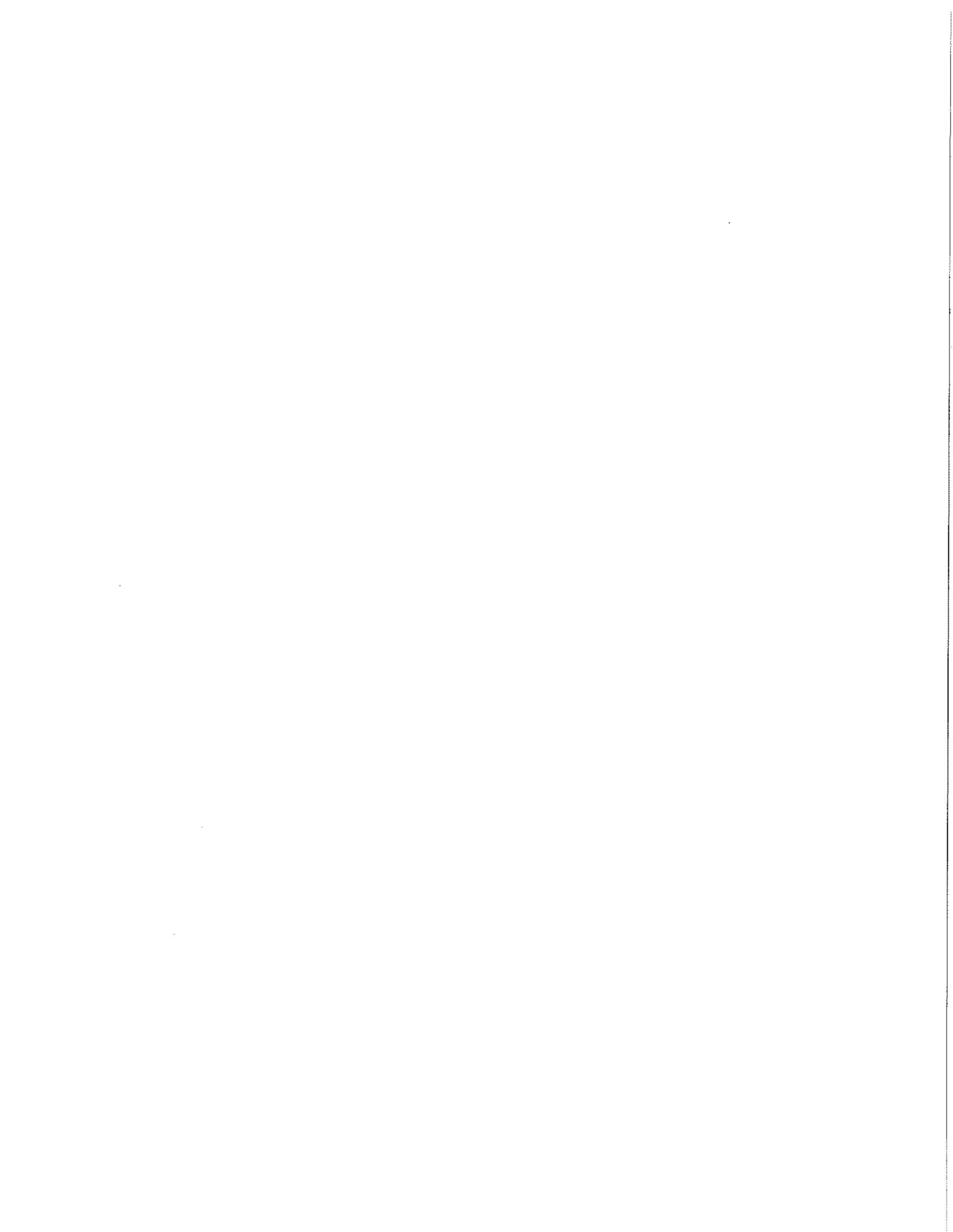
- Responsible for all systems programming and administration functions for a mainframe system running VSE/ESA, VSE/SP, POWER, VTAM, CICS, VSAM, SDF, ICCF, and associated system enhancing and monitoring software such as CA-RAPS, CA-DYNAMT, BIMEDIT, CA-SORT, BMC SUPEROPTIMIZER CICS, FAQS, EXPLORE, VSAMTUNE, VSAMLITE, COMPAREX, CICS WINDOWS, and EASYTRIEVE Plus.
 - Responsible for all administration functions relating to a development environment consisting of Software AG products: ADABAS, NATURAL, PREDICT, CONSTRUCT, SMA, NATURAL SECURITY, and NATURAL VSAM.
 - Also responsible for all functions relating to a major claims processing software system, CLAIMFACTS, including installation of new releases, maintenance, interfacing with other systems, and modifications as necessary.
 - Have designed, written, and maintained online systems software using CICS Command Level COBOL and SDF, including a comprehensive group definition system, DATACARDS.
 - Primarily responsible for two major hardware upgrades: IBM 4331 to IBM 4361 and IBM 4361 to IBM ES9000.
- System: IBM ES9221-150, VSE/ESA, CICS, VTAM

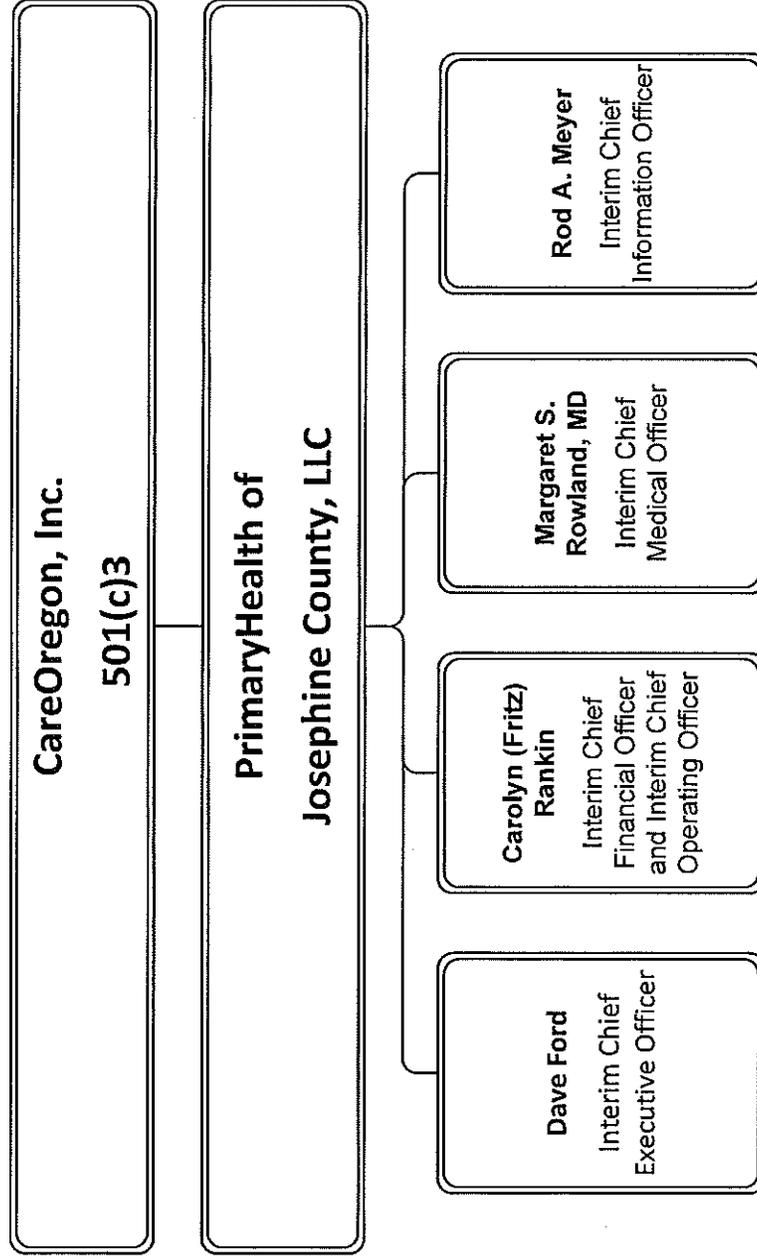
Project Leader/Programming Manager (Nov 85 - Oct 86)
American Guaranty Financial Corp., Portland, Oregon

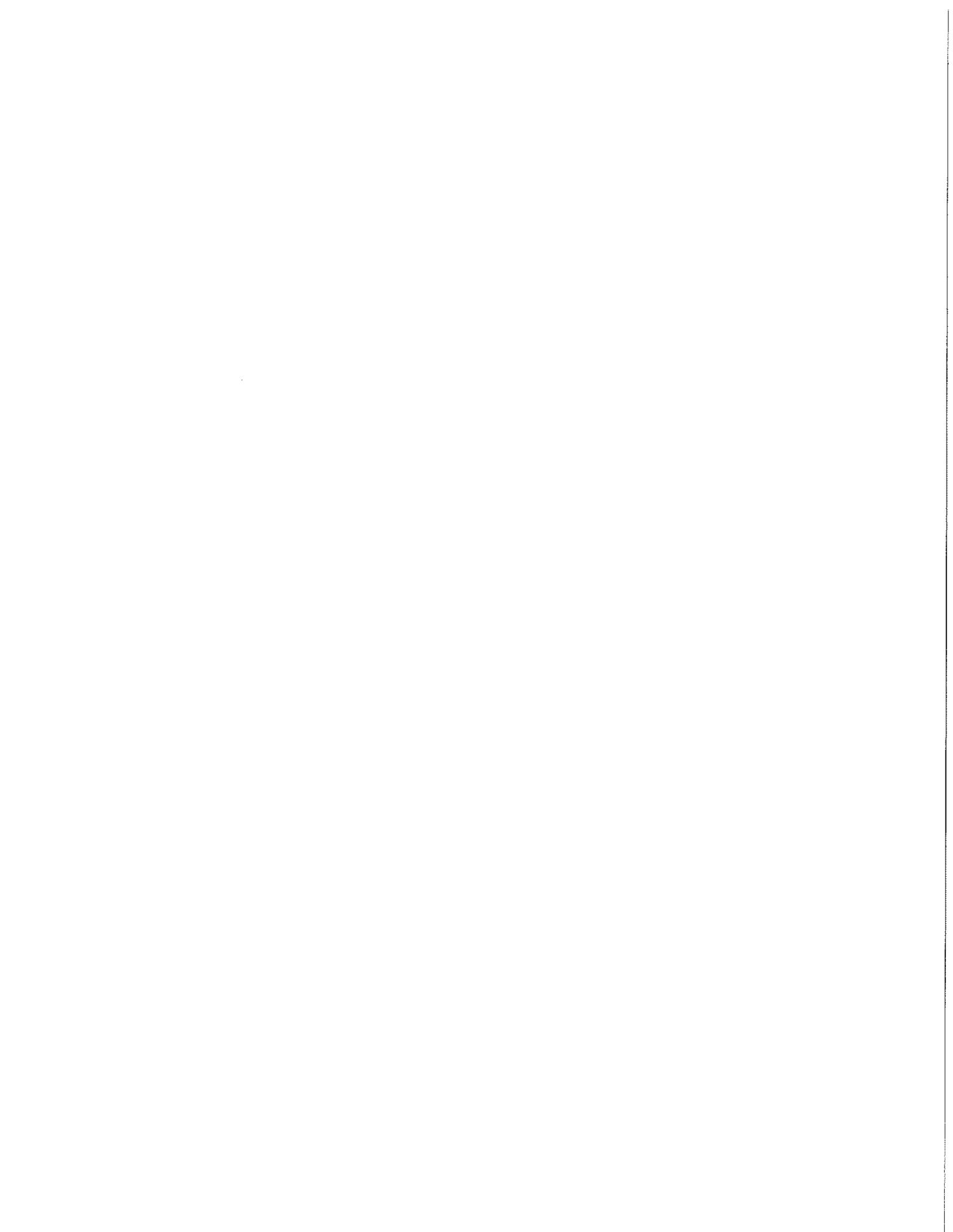
- Primarily responsible for implementation, maintenance, and modification of a major life insurance software package, PALLM, consisting of approximately 700,000 lines of code and 60 online VSAM support files.
 - Developed an online interface to the XEROX 4050 laser printer for controlling and calling forms overlays without making major modifications to existing batch programs.
 - Temporarily managed a team of four programmers, two data entry clerks, and a PC specialist.
- System: IBM 4381, VSE/SP, CICS, VTAM, BTAM

Programmer Analyst (Sep 81 - Nov 85)
American Guaranty Financial Corp., Portland, Oregon

- Designed, written, installed and/or maintained online systems using CICS Command Level COBOL, including Accounts Payable, Agents Advertising, Annuities, Mortgage Loan, and Check Numbering Control.
 - Supplied CICS and batch system support to several service bureau clients including auto leasing, pension savings, and resort management companies.
- System: IBM 4341, DOS/VSE, CICS, BTAM, VSAM



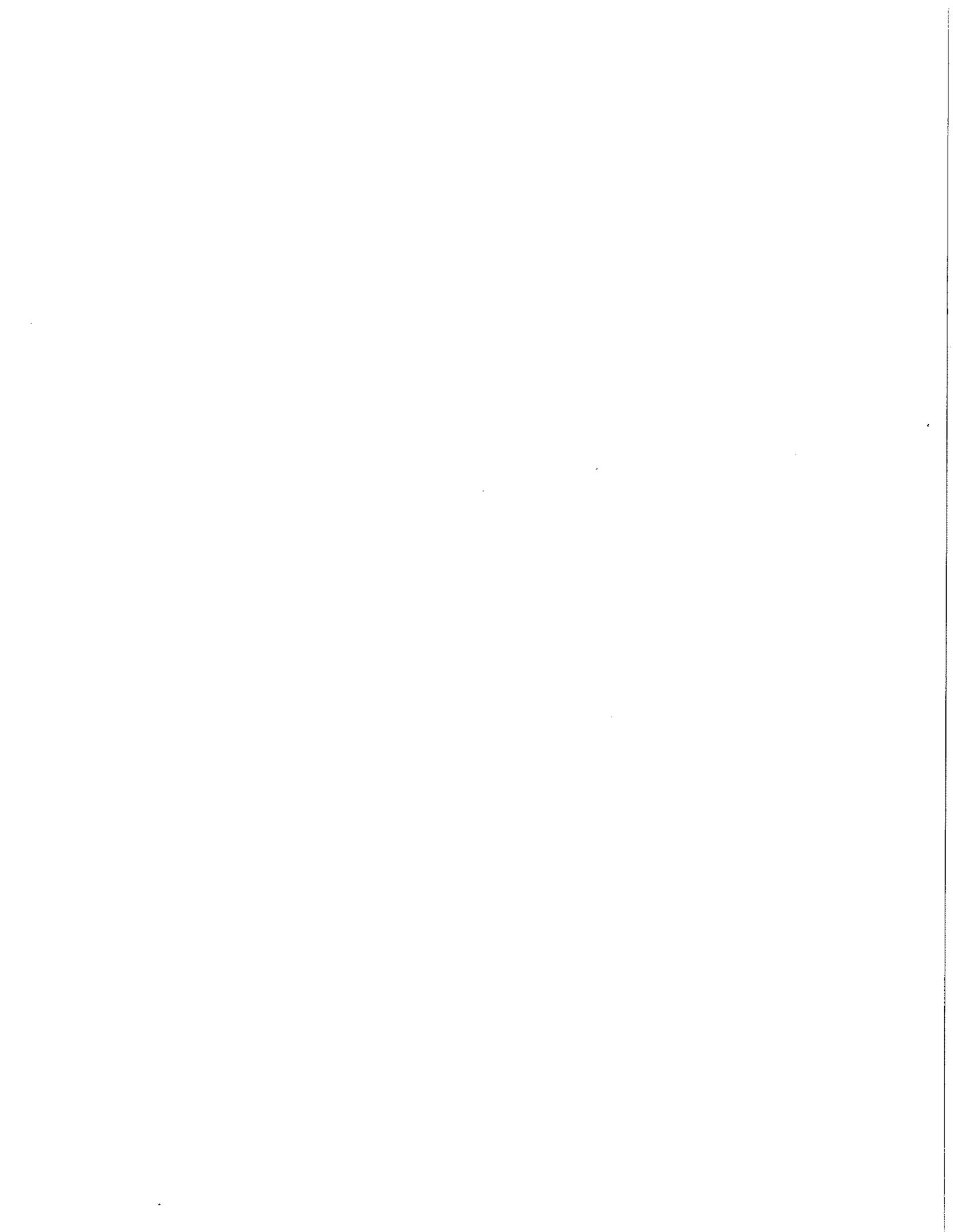




Applicant Name: PrimaryHealth of Josephine County, LLC

Service Area Table

Service Area Description	Zip Code(s)	Maximum Number of Members- Capacity Level
Josephine County	97497, 97523, 97526, 97527, 97528, 97531, 97532, 97533, 97534, 97538, 97543, 97544, 97497 and 97527	
Douglas County	97410 and 97442 as contiguous zip codes.	13,000
Jackson County	97525, 97530 and 97537 as contiguous zip codes.	



PrimaryHealth of Josephine County, LLC
Appendix A – CCO Criteria Questionnaire

A.I. Background Information about the Applicant

- A.I.a. The Applicant is PrimaryHealth of Josephine County (hereinafter PrimaryHealth), an Oregon limited liability corporation (LLC) and a wholly-owned subsidiary of CareOregon.
- A.I.b. Applicant Affiliate associated with this entity's application is CareOregon, Inc.
- A.I.c. The intended effective date to begin serving the Medicaid population is September 1, 2012.
- A.I.d. PrimaryHealth is not invoking alternative dispute resolution in respect to any provider.
- A.I.e. PrimaryHealth does not request changes to nor desires to negotiate any terms or conditions in the Core Contract.
- A.I.f. The proposed service area includes all of Josephine County and contiguous ZIP codes of Douglas and Jackson Counties and encompasses the following ZIP codes: 97497, 97523, 97526, 97527, 97528, 97531, 97532, 97533, 97534, 97538, 97543, 97544, 97410, 97442, 97497, 97525, 97527, 97530, and 97537.
- A.I.g. Applicant's primary office located in the service area is located at 128 SW I Street, Suite A, Grants Pass, OR 97526.
- A.I.h. The service area is all of Josephine County and some contiguous ZIP codes of Douglas and Jackson Counties. Josephine County Public Health (JCPH) was consulted in the development of this application and the County Commissioners have provided a letter of support for this RFA. A representative from JCPH will have a seat on Community Advisory Council. PrimaryHealth will have an agreement with JCPH by the Readiness Review.
- A.I.i. The legal entity is a wholly-owned subsidiary of CareOregon. CareOregon has a contract with the Oregon Health Authority as a fully capitated, Medicaid managed care organization.
- A.I.j. The Affiliate MCO has not been purchased, acquired or otherwise undergone any legal status change since October 1, 2011.
- A.I.k. PrimaryHealth will subcapitate Grants Pass Management, Inc. d.b.a Oregon Health Management Services (OHMS) and Jefferson Behavioral Health (JBH). The following PrimaryHealth partner organizations have current MCO contracts with OHA:
- Fully Capitated Health Plan - CareOregon, Oregon Health Management Services
 - Mental Health Organization – Jefferson Behavioral Health
- A.I.l. PrimaryHealth is applying for the identical Service Area currently contracted with OHA by OHMS. There are no proposed changes to that service area.
- A.I.m. CareOregon has no other contractual arrangements with OHA besides Medicaid. JBH has a contract for the adult mental health initiative.
- A.I.n. CareOregon contracts with CMS to carry Medicare Advantage. The service area for CareOregon's Medicare Advantage plan, which serves primarily individuals with Medicare and Medicaid, includes the proposed service area, as well as contiguous Jackson County, and seven other counties in Oregon.
- A.I.o. Health Plan of CareOregon, a wholly-owned subsidiary of CareOregon, is a health care services contractor for its Medicare Advantage plan through the Department of Consumer and Business Services (DCBS) and licensed through the National Association of Insurance Commissioners (NAIC).

A.I.p(1) Development of alternative payment methodologies:

PrimaryHealth, through its Affiliate CareOregon and contracted partners, has experience with developing and managing alternative payment methodologies. For example:

OHMS currently has payment methods that provide incentives for providers. These include:

- capitated, provider payments (per member per month, or PMPM)
- case rates to expand/maintain open access to care,
- provider time to first service access incentive,
- client incentives for completion of pediatric immunizations, and
- client incentives that adhere to their maternity case management plans.

CareOregon, as part of its work in primary care homes implemented a quality payment program for its "Primary Care Renewal" clinics, which cover over 40% of its Members. It has now evolved to where the payment is based on improving or meeting target for 20 defined clinical metrics and on demonstrating decreases in ED and Hospital use.

Options, the Local Mental Health Authority, has been operating under a capitated arrangement with the local MHO, Jefferson Behavioral Health since the State implemented the capitated Medicaid Mental Health program.

PrimaryHealth will continue to create and evolve new payment methodologies to drive improved outcomes. This will build on existing programs, and include community input on design through our advisory councils and governing board.

A.I.p (2) Coordinating delivery of physical, mental, chemical dependency, oral, and LTC services

PrimaryHealth, through its Affiliate CareOregon and its contracted partners, has experience coordinating the delivery of physical health care, mental health and chemical dependency services, oral health care, and covered Medicaid-funded LTC services. As part of their managed care contracts with the State, CareOregon, OHMS and JBH have demonstrated their ability to coordinate services for assigned Members. This has been verified by the Oregon Health Authority. In addition to continuing to meet the existing contractual obligations, the partners in the CCO have experience working across organizations and with new models of integrated care.

A few examples include:

- OHMS is engaged, as needed, in Mental Health Case Management meetings for Members in Crisis (Priority One). Priority One meetings are held with Options and function to create care plans for people in crisis. Priority One meetings involve applicable Members of the treatment team across care continuum, such as mental health, DHS, OHMS, Primary Care, Hospital, and law enforcement. OHMS and Options participate in each other's QI Committee meetings.
- OHMS has also worked with Options and Jefferson Behavioral Health, the local MHO, to proactively identify Adult Mental Health Initiative (AMHI) Members on OHMS health plan and develop a plan to monitor transitions in care. A list of AMHI Members is maintained to assist in proactive case management of these Members.
- OHMS has held meetings with local residential mental health facilities such as Ramsey Place and Hugo Hills to better coordinate access to physical health care services for Members with severe and persistent mental illness that are in residential care.
- OHMS has worked with local oral healthcare providers to promote and facilitate oral health screenings and fluoride varnishes at local health fairs. OHMS coordinates with DCO's for hospital dental services, as they are needed. OHMS' Maternity Case Managers monitor and promote dental care for pregnant women through OHMS' Maternity Case Mgmt. program. Every pregnant woman engaged in MCM is encouraged to

seek dental care during pregnancy and is also given information on how to prevent childhood caries for the new baby.

- OHMS coordinates with LTC providers to facilitate the admission and transition of care from hospital to LTC facility. OHMS also coordinates in-home care with DHS/SPD when current living environment is not meeting the needs of the client and additional services are required to maintain independence.
- Choices Counseling Center is an outpatient chemical dependency treatment center founded by OHMS in 1995 to serve OHMS' Members, but quickly expanded to serve Drug Court (the only Drug Court Provider in Josephine County), as well as DUII, DHS, Child Welfare, Private Pay, Sliding Fee Scale, Indigent and commercially insured clients. Choices provides youth, family and culturally sensitive group and individual counseling as well as community outreach to schools with a school-based counselor.
- CareOregon was a partner in a CMMI Innovations Challenge Grant focused on the Portland metro area submitted in 2012. A key element of the grant is to create a region-wide care coordination structure for the highest acuity Members using community outreach workers as part of multidisciplinary (medical, mental health, addictions) teams. PrimaryHealth will evaluate similar models for Josephine County.

A.I.p (3) Engaging community members and health care providers

PrimaryHealth Affiliate CareOregon and its contracted partners have a long history of working with community partners to serve OHP Members and address community health needs.

Examples include:

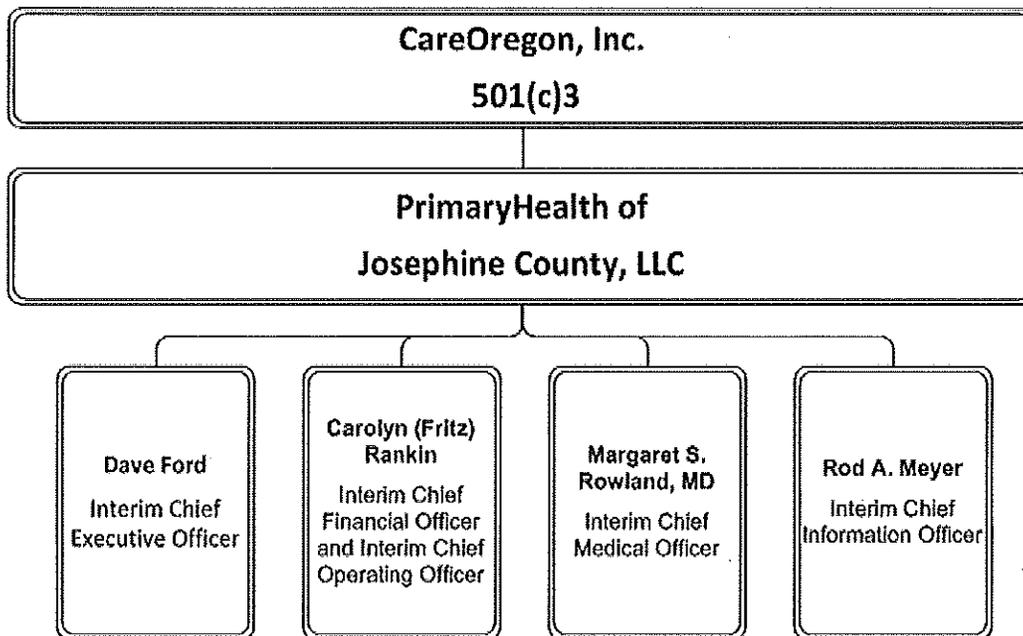
- OHMS participates in the Perinatal Task Force, which focuses on the disparity of high rate of teen pregnancy and substance abuse by pregnant women in Josephine County. The Perinatal Task Force (PTNF) is a community group led by public health that involves multiple community stakeholders. Through the PNTF, a perinatal substance abuse screening and referral program has been developed within Josephine County. Data from screenings has been aggregated through the work of Peter Chasnoff, MD, to compare rates of substance use in pregnancy to other communities in the United States. The PNTF has also worked to develop common agreements between local providers related to the use of drugs, alcohol, and tobacco during pregnancy, specifically, that use of substances has never been shown to be safe in pregnancy.
- In 2008 OHMS founded the OHMS-Community Health Education Center (OHMS-CHEC) that supports educational activities related to health and wellness. Several targeted educational programs have been developed for Members related to healthy food preparation and nutrition. The CHEC provides healthy cooking classes free to the public. In 2011, 610 participants attended healthy cooking classes. Forty-one percent (41%) were children accompanied by parents attending "Cooking with Kids" classes.
- OHMS and OHMS-CHEC participate in local health related committees/groups such as Pioneering Healthier Communities and Pathways to Care Network. These groups strive to connect community resources and minimize duplication of efforts.
- CareOregon has established a Member Advisory Council (MAC) to engage Members in their health care, their health, and their community. This model will help the CCO with the formation of a Community Advisory Council, as well as development and implementation of strategies that foster collaboration and deploy health workers out into the community.
- Siskiyou Community Health Center has a long history of consumer engagement.
- JBH and Options both have consumer advisory boards that they use to inform their delivery of care.

A.I.q. Key Leadership Personnel

Please see document 1e. Resumes - PrimaryHealth for resumes for the following key personnel:

- Interim CEO - Dave Ford
- Interim CFO/COO - Fritz Rankin
- Interim CMO - Margaret Rowland, MD
- Interim CIO - Rod Meyer

A.I.r. Organizational Chart



A.1.s. PrimaryHealth is not deferring any supporting documents, tables or data at this time.

A.II. Community Engagement in Development of Application

CareOregon has been building relationships in Josephine County well in advance of the CCO development activities. CareOregon established a relationship with OHMS in 2008 for its Medicare Advantage product. In that arrangement, CareOregon enrolls the members, most of whom have both Medicare and Medicaid, in its Medicare plan, CareOregon Advantage, and OHMS enrolls the Member in its OHP plan. CareOregon and OHMS work together to perform all administrative services in a manner that is seamless to the member. It is that history of collaboration that PrimaryHealth will offer the community. OHMS has been serving the Josephine County as a Medicaid Managed Care Organization for twenty years. Its founding partners at the Grants Pass Clinic have been serving the community since 1949. In addition to partnership with OHMS, CareOregon has been providing technical support to the Grants Pass and Siskiyou Community Health Center clinics through its Primary Care Renewal (PCR) Collaborative (detailed in section A.3.) and has initiated local conversation among clinicians related to “model of care” improvements and hot-spotting. These trusting relationships created by “performing together” are the foundation upon which PrimaryHealth will be built.

CareOregon and OHMS staff have met with a variety of local social service agencies, mental health, county government, public health, long-term care and the medical provider community to get input about CCO

development. OHMS and CareOregon also hosted a provider stakeholder meeting to share PrimaryHealth's model and organizing principles, hear from the stakeholders about their hopes and concerns, brainstorm opportunities for collaboration with other CCO's such as AllCare CCO and Jackson County CCO and determine stakeholder interest in participating on PrimaryHealth's Board, Community Advisory Council or Clinical Advisory Panel. CareOregon is committed to collaborating with organizations in the community, including other CCOs, to standardize care processes across the local health system. We believe this is essential to reduce system costs and improve the patient experience, particularly in a service area as small as Josephine County.

Although PrimaryHealth is incorporated as a wholly-owned subsidiary of CareOregon, CareOregon is committed to creating a CCO in Josephine County that fosters sustainable, local delivery system transformation. CareOregon will invest in local communities by providing technical assistance and funding to "jumpstart" innovative transformation initiatives that further the State's Triple Aim goals. OHMS has committed to jointly fund the "Innovations Fund." Decisions about how to identify, prioritize and implement local initiatives will be informed by the local community needs assessment, CAC and CAP, and determined by the Board.

Additionally, CareOregon offers the Care Support and Systems Innovation (CSSI) program; a funding process to support quality improvement initiatives offered to hospitals and clinics throughout Oregon that improves care not only for CareOregon members, but entire communities. CareOregon will expand its funding program through PrimaryHealth in Josephine County, engaging the community in a process of establishing priorities for improved care, outcomes and funding those programs. PrimaryHealth hopes to leverage that funding through other local organizations, and begin funding projects as early as October 1, 2012.

Following are the guiding values CareOregon is promoting as its team works with community leaders in Josephine County to develop the vision and foundation for PrimaryHealth.

1. Co-design, co-create, co-build, and co-operate Coordinated Care Organizations that *continuously*:
 - Improve Quality and Patient Satisfaction, through clinical and care services and processes that benefit from *Lean* methodologies
 - Improve health outcomes
 - Lower costs
2. Create respectful, effective partnerships to achieve world class health throughout Oregon communities.
3. Put patients first and ensure that they are at the center of the Coordinated Care Organization's purpose and work.
4. Ensure just and sustainable relationships with CCO patients, organizational partners and communities at large.

PrimaryHealth is committed to increased Member, provider and community engagement in the development and implementation of PrimaryHealth through group meetings, one-on-one meetings and involvement on the Community Advisory Council, Clinical Advisory Panel and Governing Board. We will tap into consumer forums currently established within the community and our partner organizations including Siskiyou Community Health Center (FQHC), Grants Pass Clinic, JBH, Options, Choices and OHMS.

The above examples of community engagement and collaboration have guided CareOregon and OHMS in the creation of this application and will continue to guide us in the further development of the PrimaryHealth CCO. The broad array of letters of support included in Exhibit C speaks to the community's support for PrimaryHealth and the success of our contracted partners in building relationships and delivering quality services at the local level. Partner organizations are committed to maximizing the value of the community engagement envisioned in the CCO structure and to delivering health care services in new and innovative ways. Again, we are

committed to working across the community, including with other CCOs in local and contiguous communities, to maximize the benefits of coordinating the health delivery system, regardless of county boundaries and how the dollars flow into the community. For example, we believe it would benefit Josephine County to have a single CAC for the county to advise both CCOs about community needs and priorities.

Section 1 – Governance and Organizational Relationships

A.1.1 Governance

A highly functioning, locally directed Board will be essential for PrimaryHealth's success. CareOregon has drafted these initial principles for governance which CareOregon anticipates will be modified once PrimaryHealth's Board is formed and adopts its own governing principles:

1. Collaborate with all parts of the system to reach the best possible community health outcomes
 - Improve health among diverse and vulnerable populations
2. Engage with community partners
 - Make and adjust rules to meet the Triple Aim
 - Monitor, measure, benchmark and learn to continuously improve
3. Know and discipline ourselves to work within global budget limits
 - Establish integrated, coordinated and non-wasteful systems of care
 - Identified savings will be shared between a community-directed Innovation Fund, and invested in CCO for stabilization and growth.
4. Create incentives to provide the best care possible
 - Establish fair and enforceable methods of conflict resolution for achieving goals
5. Work with the state of Oregon, Centers for Medicare and Medicaid Services, and other authorities to achieve high-value performance
6. Recognize our limitations and leverage our opportunities

This RFA describes a vast number of strategies that PrimaryHealth will implement, through CareOregon and its local partners, to ensure it has the vision, skills, infrastructure and community support to launch and manage a successful CCO. Until PrimaryHealth's Board, CAC and CAP (described below) are fully functioning, we will not determine any specific projects and timelines, other than those specified by OHA. However, for the first year of operation, CareOregon and its partners believe the Board's priorities will include, but not be limited to, the following:

- Creating a highly functioning Governance Structure that includes articulating the roles of the Board, CAC and CAP. Building effective teams with a diversity of personalities and skills takes time to "create norms and perform" and gain explicit commitment to address not only the content of the work, but the values and culture through which the work will be performed.
- Ensuring a comprehensive approach to Community Needs Assessment and development of Community Health Improvement plan led by the CAC is completed by July 1, 2013. This body of work will be the foundation upon which PrimaryHealth will develop its community health/quality improvement agenda, a core element of the organization's strategic imperative.
- Mapping the key processes in the various delivery systems (e.g., physical health, mental health, long-term care and dental) and identifying a few high impact priorities that a broad spectrum of community organizations agree to address collectively.

- Through an Innovation Fund, investing in new or existing solutions known to address the objectives of the Triple Aim. This may be a two-phase approach. First, as early as the fall, launch some short-term projects that the community knows are priorities today and will yield immediate cost saving. Second, reserve funding to implement projects later in the contract year that enable systemic improvement identified by “system mapping” and the Community Health Improvement Plan.
- Consolidating administrative functions of CareOregon, OHMS, JBH and Options. In order to develop an effective and efficient administrative support system, PrimaryHealth, will evaluate the administrative functions performed by the existing MCOs, MHO and CMHP and identify ways to minimize redundancies and develop new competencies to support local CCO success. The process will seek input from the CAC to ensure decisions consider impact on local Members, providers and the community at large.
- Developing and implementing plans to integrate oral health payments and provision of services through the CCO.

A.1.1.a The governance structure will consist of a Governing Board, Community Advisory Council and Clinical Advisory Panel.

PrimaryHealth is in the final stages of developing its By Laws and Articles of Incorporation which outline the powers of the Board and its members. Once complete, PrimaryHealth will convene an Interim Board for the purpose of identifying permanent Board members, defining organizational priorities and selecting Board leads to create structure and process for nominating CAC and CAP members. PrimaryHealth will be seeking members with diverse organizational and personal backgrounds and skills who are committed to improving the health of low income residents of Josephine County.

The Board will have been formed and convened by the Contract Signing date of July 17, 2012.

The Governing Board will minimally consist of representatives from the following organizations.

- CareOregon
- OHMS, local MCO
- JBH, local MHO
- Options, County Mental Health Provider
- Three Rivers Community Hospital
- Siskiyou Community Health Center
- Choices Counseling Center, Chemical Dependency Treatment Provider
- At least 1 active physician or nurse practitioner who practices primary care
- At least 2 Members of the community at large
- At least 1 member of the Community Advisory Council

It is expected that one or more of the health care providers in active practice will also serve on the Clinical Advisory Panel (CAP).

Both the Community Advisory Council (CAC) and the Clinical Advisory Panel (CAP) will advise and report directly to the Board.

This governance structure reflects the community's needs and will support the State's transformation goals of improving the experience of care, improving the health of populations and reducing per capita costs of health care. Though CareOregon is the sole owner, OHMS, JBH, Options and other stakeholders will be sharing in the financial risk of PrimaryHealth, including capitation and other financial risk arrangements, and we believe that this governance structure meets the intent of the CCO legislation and also emphasizes diverse community involvement.

A.1.1.b Community Advisory Council (CAC): At least 51% of the CAC will be people who are currently on or previously enrolled in OHP, as required by statute. In addition, the CAC will seek representatives from community organizations that serve our population, including those that are tasked with planning for population health needs and those that advocate on behalf of the OHP population. CAC will minimally seek representation from health providers, social support organizations, long term care, public safety, schools and public health.

The CAC will meet at least quarterly to ensure that the health care needs of the consumers and community are being addressed. It will undergo a thorough and inclusive selection process, which will ensure diverse community representation, especially by those individuals who may be underrepresented in the current system based on language, culture, race, lack of adequate housing, disability, age, sexual orientation, and those individuals who have mental health diagnoses and who have lived with drug or alcohol addiction.

Although the expectations for the CAC will ultimately be defined by PrimaryHealth's Board, the CAC will be responsible for:

- Identifying and advocating for preventive care practices to be utilized by PrimaryHealth.
- Maximizing engagement of those enrolled in OHP
- Overseeing a community health assessment and adopting a community health improvement plan to serve as a strategic population health and health care system service plan for the community served by PrimaryHealth.

PrimaryHealth will build on CareOregon's experience with its Member Advisory Council to develop a structure and training program for CAC Members. It is our intent that the CAC not only exist to advise the CCO, but take an active role as an entity in and of itself to address community challenges, advocate for CCO Members at a local and statewide level and form peer-to-peer programs that empower citizens to help each other to improve health.

A.1.1.c To ensure transparency and accountability between PrimaryHealth's Board and the CAC's recommendations, a member of the CAC will have a seat on PrimaryHealth's Board.

A.1.1.d. To ensure the needs of Members with 1) severe and persistent mental illness, and/ or 2) receiving DHS Medicaid-funded LTC services are addressed, PrimaryHealth will seek representatives from provider agencies or consumers receiving services from mental health, disabilities and senior services agencies to serve on the CAC and potentially the CAP.

In addition, a mental health or chemical dependency practitioner will have a seat on the Board, as well as representation on the CAC and CAP.

A.1.2 Clinical Advisory Panel

PrimaryHealth's Board will establish a Clinical Advisory Panel to identify best clinical practices, establish performance metrics and coordinate with CAC on the development and implementation of PrimaryHealth's Community Health Improvement Plan. Members will minimally include representatives from primary care, hospital, mental health, long-term care, addictions treatment, public health. Other members will be determined based on the results of the CCO's Community Needs Assessment and community input. A member of the CAP will sit on the Board of Directors. The CAP will meet at least quarterly and be attended by PrimaryHealth's Chief Medical Officer and/ or an appointed representative. Delegated functions, such as clinical quality improvement, will report up to the Board through the CAP.

A.1.3 Agreements with Type B Area Agencies on Aging and DHS Local Offices for APD

A.1.3.a In Josephine County, the Type B AAA and DHS offices for APD are operated by the Rogue Valley Council of Governments (RVCG). Representatives from PrimaryHealth have met with RVCG representatives several times to begin planning for service coordination for DHS Medicaid-funded LTC services under the CCO. PrimaryHealth will establish a MOU with Rogue Valley Council of Governments detailing system coordination roles by the Readiness Review. To date, 3 of the 5 domains of the MOU are complete with plans to finish the 4th and 5th domains by the end of June. Additional references to the MOU are made in Sections A.3.5.a and A.3.7.

A.1.4 Agreements with Local Mental Health Authorities and Community Mental Health Programs

PrimaryHealth is in the process of developing an MOU working with Jefferson Behavioral Health (JBH), the local MHO, the County and Options of Southern Oregon (CMHP) to ensure continuity of care for the individuals currently served by the Medicaid mental health system. Josephine County is the local Mental Health Authority, but the Community Mental Health Program has been delegated to Options. Options is an Oregon non-profit, 501(c)3, corporation based in Grants Pass and has been heavily involved in the development of this RFA.

Within 12 months of certification as a CCO, PrimaryHealth commits to engaging in a thorough review of the services provided by Options and JBH today and developing a transition plan that allows for new alternative payment methodologies, including a direct contract between PrimaryHealth and Options. The details of roles and responsibilities and timeline for transition will be articulated in the MOU which will be complete by the Readiness Review.

A.1.4.a PrimaryHealth's staff have initiated and participated in a variety of meetings with Josephine County's Community Mental Health Program (CMHP), Options for Southern Oregon, Jefferson Behavioral Health (JBH) and Choices, regarding the coordination of mental health services in Josephine County **not covered under the global budget**. These meetings have served as educational forums for all parties regarding their current services and capabilities and future roles under PrimaryHealth. All parties understand the importance of ensuring services will not be disrupted to our vulnerable populations and are committed to improving the systems of care, regardless of the funding streams. A MOU outlining each party's roles will be complete by the Readiness Review.

A.1.4.b Currently the discharge process from a state hospital takes 5-30 days from the designation that the patient is ready to transition (RTT). AMH's expectation is that MHOs and CMHPs get members out in 30 days or less once Member is deemed ready to transition. According to co-management guidelines that will be in effect starting July 1, 2012, MHOs/CMHPs (and presumably at some point, the CCOs) become partially financially responsible for the members cost of care at the state hospital if they stay longer than 30 days RTT.

The state hospital process is considered only when a Member in acute care cannot be discharged because no other resources are appropriate. JBH Adult Services manages all referrals to the state hospital. The JBH coordinator and designated Master's level AMHI Coordinators monitor and coordinate the progress of Josephine County residents throughout the state hospital and state-wide residential spectrum of care in addition to the transition of those Members from licensed residential treatment services to supportive or independent living.

When a Member is ready to transition they are deemed "RTT" and the discharge process can begin. The state hospital staff sends JBH the referral packet usually within three days of when the Member was made RTT, but it occasionally takes up to a week to get the information. JBH distributes the referral to the identified level of care within three days of receiving the referral. It is expected that the residential program schedule a screening with the Member within five days of receiving the packet.

Under PrimaryHealth, JBH and Options staff will continue to serve as the link between extended or long-term psychiatric systems from both within and outside of our counties and the CCO. As individuals in the state

hospital prepare for transition to lower levels of care, integrated care plans will be put in place to address all health areas and quality of life issues necessary for the individual to transition successfully. A component of this plan is the coordination with the patient's primary care provider to ensure that medically appropriate follow-up services are scheduled.

One of OHMS' major medical providers, Grants Pass Clinic, has long provided excellent physical health care to the majority of the residents from Options' three mental health residential treatment programs. Options residential nursing staff and case managers have strong working relationships with Grants Pass Clinic and OHMS, and communicate regularly about client health care needs. Currently OHMS' Exceptional Needs Care Coordinators (ENCCs) and Quality Improvement Director spend time in Options mental health residential treatment facilities reviewing client's health care needs and ensuring that nursing plans adequately address medical concerns. In the future, we envision these activities will be performed collaboratively by mental and physical health providers and monitored by PrimaryHealth's CAP.

A.1.4.c PrimaryHealth will utilize emergency response systems that are already well defined within its communities. One of its partners, Options, and its subcontractors have a variety of agreements and Memorandums of Understanding (MOUs) that address the manner in which an appropriate and coordinated response is provided for someone in a mental health crisis. These relationships help foster the climate of communication and collaboration that is in place between public safety and mental health in the service region. A couple of examples are highlighted below:

- Options Executive Director's participates in Josephine County's Local Public Safety Coordination Council (LPSCC) which is convened by a Josephine County Commissioner. This council addresses issues such as resources, prevention activities and intervention strategies for those who come into contact with the public safety system. Participants include: the Police Chief; County Sheriff; District Attorney; State Court Judge; Director of Community and Juvenile Corrections; the City Manager and Oregon Youth Authority Director. This council provides an overall systems review of the public safety system including emergency response for individuals with mental illness.
- Options provides training and education to public safety personnel on recognizing when someone is experiencing a mental health crisis and strategies for how to intervene safely and effectively.
- MOU's representing well-established working relationships are in place between Options Crisis Resolution Center (regional hospital diversion program) and the corresponding county sheriff and city police.

All these activities will continue under PrimaryHealth. PrimaryHealth will work to expand the coordination of system responses to include primary care and other services managed by the CCO. This will allow PrimaryHealth to intervene more quickly when a Member experiences a psychiatric crisis in which public safety is notified. To ensure that emergency services' views are considered when creating community solutions and information regarding CCO operations is communicated to public safety, PrimaryHealth will seek public safety representation on our Community Advisory Council.

A.1.5 Social and Support Services In the Service Area

A.1.5.a PrimaryHealth, through its community partners OHMS, JBH, Choices and Options, has established relationships with social and support services in the service area, for example:

- OHMS' Exceptional Needs Care Coordinators (ENCCs) are skilled at engaging Members and connecting them with local community resources. Examples of agencies that are utilized include; the Job Council, Community Works (DD services), ARC, Kairos (formally SOASTC), DHS, the Lions Club, UCAN, Josephine County Food Bank, The Gospel Rescue Mission, and HASL.

- OHMS is contracted with Siskiyou Community Health Center, which operates a school-based health center, dental clinic, and two healthcare clinics. Safety net clinic staffs are experienced advocates for their patients and have numerous connections with social support organizations across the community.
- Choices Counseling Center, owned by OHMS, is the Drug Court treatment provider for Josephine County Drug Court. Choices:
 - Works with local Community Corrections to facilitate the coordination of services between the two agencies.
 - Runs the Minor In Possession (MIP) program, screening, assessment and treatment for individuals in shelter and detention.
 - Provides consultation to the court regarding substance abuse issues.
 - Offers outreach to the community, providing training on available services for chemical dependency treatment and supports programs in the community for those who are in recovery, such as the Recovery Fair and Choices Alumni groups.
- OHMS, OHMS-CHEC and Choices are currently on the board of Pathways to Care Network (PCN), which is a community organization focused on connecting people with resources, community collaboration and education.
- OHMS and OHMS-CHEC are on the board of Pioneering Healthier Communities, a community group which is focused on building infrastructure for a healthier community.

PrimaryHealth will continue its engagement in community organizations like those mentioned above and create new relationships with school districts, DHS Children's Adults and Families and developmental disabilities programs. The objective is to build a network of community partners to enhance awareness of available resources and identify systems issues that may need to be addressed by the CAC or CAP.

A.1.6 Community Health Assessment and Community Health Improvement Plan:

The CAC will be responsible for the oversight of the Community Health Needs Assessment and Community Health Improvement Plan. One of the initial tasks for the CAC will be to identify appropriate agency partners and individuals to help design and conduct a comprehensive community health assessment in accordance with Administrative Rules. Anticipated partners include, but are not limited to, Siskiyou Community Health Center, Options, Jefferson Behavioral Health, Josephine County Public Health, Choices Counseling Center, Three River's Community Hospital, Grants Pass Clinic, and a Board member from District 7 or Three Rivers School Districts, as well as representatives of underserved, low income and minority communities. By including multiple stakeholders with a variety of backgrounds, we believe the plan will address the diverse needs of our community.

Although details about how we will conduct our community needs assessment and draft our health improvement plan have not been finalized, we are committed to a community-driven process that aims to 1) eliminate duplication of effort; 2) promote joint implementation of health needs assessment and health improvement strategies, and 3) rely on shared responsibility for monitoring progress on the population's health.

We will begin our community health assessment work by reviewing assessments already completed for our community by various agencies to ensure we do not duplicate efforts and incorporate the health outcome goals for other organizations into our plan. Our Community Health Improvement Plan will be aligned with and integrate the Oregon Health Policy Board's Oregon Health Improvement Plan (HIP) and the non-profit hospital community benefit requirements within 990H IRS reporting requirements. In addition, we will incorporate the Local Public Health Authorities assessment and planning requirements. We believe that the goal for the CCO is not to create a new community assessment plan that replaces current goals and programs, but rather builds on existing programs and aligns them to create a common community vision toward improved health and reduced health disparities.

PrimaryHealth will work with the OHA, including the Office of Equity and Inclusion, to identify the components of the community health assessment. We will consider using various methods and tools, including:

- Mobilizing for Action through Planning and Partnerships (MAPP) developed by National Association of County and City Health Officials in cooperation with the Centers for Disease Control and Prevention. MAPP is a strategic approach to community health improvement. This tool helps communities improve health and quality of life through community-wide strategic planning. This model is designed to promote strategic thinking among an inclusive set of community partners in order to prioritize community health issues and identify resources to address them. Using MAPP, communities seek to achieve optimal health by identifying and using their resources wisely, taking into account their unique circumstances and needs, and forming effective partnerships for strategic action.
- Contracting with the Healthy Communities Institute for the Community Health Needs Assessment web system as a common assessment framework for stakeholders. This is a web system that brings together in one system, data from multiple geographies and disparate sources. The indicators include a combination of county, ZIP code and census tract data and can be viewed by ethnicity, age and gender.

Section 2 – Member Engagement and Activation

A.2.1 Member and Family Partnerships

PrimaryHealth promotes a structure that is local and community-based. We will build on the experience of the local multi-specialty clinic, FQHC, other independent primary care providers as well as the mental health, long-term care providers, SPD, and other community organizations in developing member-based programs. We want CCO members (and their families and support networks) to meaningfully engage as partners in the care they receive, as well as in organizational quality improvement activities. Though the exact form of member engagement will be developed by the CAC, PrimaryHealth's Affiliate CareOregon has experience working with members through its Member Advisory Committee (MAC), which helps shape policy and organizational strategy, and its Care Support and QI Committees:

Below are some examples of how members are engaged in their care and in quality improvement efforts.

- The MAC encourages all members and their families to share their ideas; participate in projects and events that improve service and communications for all; and actively support each other in peer-to-peer efforts.
- MAC members help review Member materials, create Member education materials, develop health opportunities (e.g., health fairs, advocacy days), and serve on committees devoted to process improvement.
- Through Community Care Team and Care Support (case management) departments, staff work one-on-one with members (either in person or on the phone), who have chronic health issues or are transitioning out of the hospital. By identifying both specific clinical needs and social determinants affecting an individual's health, the staff teams with members and their families to eliminate barriers to health improvement.
- Through encouraging network providers to develop policies which support active engagement of individuals and their families in accessing care and treatment planning.
- Through ensuring that agencies partnering with the CCO have QA/QI processes which involve Member and family participation.
- Through supporting the use of peer and family supports throughout the provider network that will support members and their families in getting access to care and engaging actively with their health care providers.

A.2.1.a Members (and their families and support networks, where appropriate) will be meaningfully engaged as partners in the care they receive as well as in organizational quality improvement activities by:

- Participating on the CAC with responsibilities as described above,
- Participating in intensive case management and education programs,
- Engaging in family-centered care planning through their Patient Centered Primary Care Home (PCPCH). Members will be partners in developing and planning their treatment.

A.2.1.b In addition to the work of the CAC and other Member committees (such as a MAC), PrimaryHealth will ensure comprehensive communication to engage and provide all Members, not just those Members accessing services or involved in committees, with appropriate information related to benefits and accessing physical health, behavioral health and oral health services via the following:

- Provide annual member handbooks written in plain language outlining:
 - rights and responsibilities
 - benefits and services
 - how to access customer support
 - how to access providers
 - how to navigate coordinated care
 - how they can participate in improvement efforts or peer-to-peer support
 - information about preventive care and non-traditional services
 - privacy rights
- Provide the option of receiving handbooks and preauthorization information in languages other than English
- Provide interpretation services for all languages through Customer Services
- Provide a website (with a translation function) that includes service and benefit information, customer support, health education, provider access, formulary options, and Member engagement information and opportunities
- Provide a quarterly newsletter to all members
- Provide social media opportunities that support sharing late breaking news and opportunities, as well as feedback and peer-to-peer opportunities
- Solicit feedback and involvement through newsletters, handbook, web site, surveys
- Participate in PSA opportunities through TV and radio to encourage better nutrition and exercise, as well as preventive care, among target audiences (families, individuals, parents)
- Provide targeted communications to members regarding preventive care, immunizations, screenings and testing services
- Further utilize OHMS' Community Health Education Center programs to encourage Members to use effective wellness and prevention resources and to make healthy lifestyle choices,
- Train staff to engage Members to become active partners in their health care during new Member phone calls.

PrimaryHealth will evaluate new workforce strategies to engage Members, particularly ones with multiple chronic conditions or mental illness, connect to care and pursue their health goals. Roles may include health navigators, community health workers and intensive care coordinators.

Section 3 – Transforming Models of Care

A.3.1 Patient-Centered Primary Care Homes

A.3.1.a PrimaryHealth will support provider network through the provision of the following:

- Technical assistance
- Tools for coordination
- Management of provider concerns
- Relevant Member data
- Training and tools necessary to communicate in a linguistically and culturally appropriate fashion with members and their families

Introduction

PrimaryHealth believes that the foundation for a coordinated health care system is built on a high functioning primary care “Medical Home.” PCPCHs focus on a team-based health care delivery model that provides comprehensive and continuous medical care to each patient with the goal of obtaining maximized health outcomes. PrimaryHealth will use the primary care home development resources already available via CareOregon’s PC3 curriculum to provide technical assistance, tools and data systems to promote further development and standardization. We will also continue to develop tools and skills necessary to ensure that our primary care clinics function as advanced primary care homes in order to achieve the goals of the Triple Aim.

Technical Assistance

PrimaryHealth will continue to develop tools and skills necessary to ensure that our primary care clinics function as advanced primary care homes through the PC3 Collaborative hosted by CareOregon. The PC3 project introduces and expands on topics such as continuous quality improvement, data and reporting, leading clinical change, interpreting data, building effective teams, and recognizing and eliminating waste. The learning collaborative provides education and support for clinics on how to apply useful tools, such as process mapping, PDSA cycles, and value stream mapping. Through PC3, clinics will learn about the process of change, team facilitation, and will be better prepared for a shift towards outcome based payment models. PC3 tools can be used by clinics to ensure that the work that is being done to support a medical home is effective in achieving the Triple Aim and clinic’s goals.

Leadership teams from participating clinics including Grants Pass Clinic and Siskiyou Community Health Center in Josephine County will come together for learning sessions over the next year to receive education and training that will support medical home development. Between trainings, clinics will apply the skills learned at the sessions. With each session, the clinic will build on existing knowledge and learn from other similar clinics in the service area.

Tools for Coordination

Care coordination is an essential component of the PCPCH. In the PCPCH model, care coordination extends beyond traditional medical providers to the Long Term Care (LTC) system, Mental Health and community partners. Four of the primary care providers in the PrimaryHealth service area have achieved recognition by the Oregon Health Authority as Tier III providers. PCPCH clinics in the PrimaryHealth service area received support and education with the PCPCH recognition process by OHMS.

A critical tool for effective care coordination is health information technology. The local primary care clinics currently have EMR systems and have met several of the key meaningful use criteria. See Section 6 for more information about HIT and HIE plans.

Management of Provider Concerns

OHMS and JBH have systems in place to field contracted provider concerns.

Today, if OHMS staff cannot answer a provider question, the issue is delegated to the OHMS QI Committee or OHMS Board depending on the type of decision. A role of the CAP will be to develop a system to ensure provider concerns are heard and resolved.

Relevant Member Data

Today, primary care providers are given Member data to help them manage their patient panels. Some of these data include:

- Eligibility lists
- ED utilization
- Pharmacy prior authorizations that are not written by PCPs
- Information to assist them achieve specific quality improvement goals (e.g., information on members with high narcotic use, high ED utilizers, poor diabetes control, etc.)

In the future, PrimaryHealth will provide additional primary care panel management tools to help them build their capacity to manage their patient populations. These will include tools CareOregon is using in its PC3 program, such as Member profile reports that highlight potential high-cost, high-risk diagnoses and conditions. We will provide data that supports PrimaryHealth's Triple Aim objectives from encounter / claims data and assist them in designing reports to generate meaningful information from their electronic medical records and practice management systems.

Training and Tools Necessary to Communicate in a Linguistically and Culturally Appropriate Fashion with Members and their Families

Clinics participating in PC3 will learn strategies for patient engagement as part of the learning modules. High functioning PCPCH clinics will engage patients as participants in their ongoing health, rather than passive recipients of care. Clinics are encouraged to have patient's complete CAHPS experience of care surveys on an ongoing basis and use Member feedback as a tool for quality improvement in addition to learning strategies about real-time collection of patient experience data to inform improvements. PrimaryHealth will continue to provide technical assistance to providers who have not achieved PCPCH Tier status and strongly encourage application under the OHA to become a medical home for all PCP clinics. PrimaryHealth will provide resources for clinics, such as interpreters, Member materials and provider materials, to ensure that communication is in each member's language of choice. Based on input from patients in the clinics and members of the CAC, periodic training on cultural sensitivity may also be offered to provider clinics.

- A.3.1.b PrimaryHealth will work with its CAC to provide guidance in Member engagement with PCPCH development. In the PCPCH model, patients are encouraged to be active partners in directing their health goals, not passive recipients of care. Members will be encouraged to be involved in transforming the delivery system by actively embracing their health goals, engaging in their care and encouraging collaboration between their various medical providers and their primary care home team.

PrimaryHealth will use a coordinated approach to educate Members how to navigate a coordinated healthcare system. First, in order for PCPCH to receive supplemental payments from OHA, clinics will be required to engage and educate the patients they serve about the PCPCH model of care that is used by the clinic. Patients must agree to be treated with this model of care. Clinics may use providers, advocates, case managers, nurses or innovative staff, such as health navigators, to encourage active patient engagement.

Second, PrimaryHealth will notify clients annually of their rights and responsibilities under the Oregon Health Plan, such as the patient's responsibility to help in the creation of a treatment plan with the provider and his/her

responsibility to follow the prescribed, agreed-upon treatment plan. PrimaryHealth will encourage providers to involve family members or others who are part of the Member's support system in the creation of care plans that focus on physical and behavioral health, as well as the broader social components of health.

In addition to these methods of patient engagement, clinics will be encouraged to establish a Patient Advisory Board to ensure patient voices are represented in the evaluation of the medical home process. All of the participating FQHCs have consumer majority boards, many of which have been very engaged in the establishment of health homes in these clinics. The Mental Health partners also have active patient advisory boards, as well as training programs for consumer representatives. PrimaryHealth will look to these partners for insight into engaging consumers in local health system transformation.

- A.3.1.c Currently, over 90% of OHMS' Members are assigned to OHA certified Tier III PCPCH primary care providers/clinics. As mentioned in A.3.1.a, PrimaryHealth will continue to provide support and encouragement to practices that have not yet achieved a Tier status. PrimaryHealth will strive to maintain 90% or greater PCP assignments with PCPCH certified clinics. PrimaryHealth's goal is that within 3 years, all participating primary care practices will be certified as PCPCHs and alternative payment methodologies will be in place to reward fully functioning PCPCHs. PrimaryHealth will recommend that OHMS pass 100% of the enhanced PMPM payments for ACA-qualified Members assigned to the PCPCHs.

PrimaryHealth is committed to implementing new technologies to enhance coordination and is exploring several web-based systems to improve two-way communication between the PCPCH and other health service providers, including the OHA-sponsored tool, CareAccord. A key criterion in selecting communication solution will be the product's ability to securely communicate between physical health, mental health, dental health and non-medical providers.

PrimaryHealth is also working with LTC /APD and local CMHP to ensure that a communication strategy includes these partners as essential members of the health care team, and builds processes for essential points of communication for high needs Members.

- A.3.1.d PCPCH Tier III providers attest to having a system in place to coordinate services with long term care (LTC) providers. This may include the sharing of information from LTC that is obtained in home visits or screening, or may include primary care providers visiting clients in nursing homes. PCPCH will be engaged in coordinating medical services ranging from acute care for minor illness and injuries to management of long term care. PCPCH will be expected to track referrals and coordinate care where appropriate for community settings outside the PCPCH such as LTC. Expectations related to care coordination will be an integral part of future alternative payment structures for primary care based on PCPCH criteria.

APD/AAA and PrimaryHealth will work toward goals of a systematic process for identification and prioritization of common high needs Members. APD/AAA will flag Members with agreed upon indicators for "high risk" or complex circumstances on an ad hoc or individual basis to the CCO. Once flagged, AAA/APD information that may be shared includes service priority level, risk and goal information from CAPS assessments or other assessment tools. See section A.3.7

- A.3.1.e. PrimaryHealth recognizes the importance of safety net providers in caring for the Medicaid population and will contract with the local FQHCs and RHCs in the community.

The largest safety net clinic in our service area is Siskiyou Community Health Center. It is the only FQCH exclusively serving Josephine County. In 2011, the health center had 58,870 patient encounters 29% of them Medicaid.

Siskiyou Community Health Center (SCHC) was recently awarded \$3,483,500 from HRSA to expand its Cave Junction medical clinic. Medical providers will be able to see 3,600 additional medical patients and 2,500 dental patients each year at full capacity. The number of medical exam rooms will increase from 13 to 25, reducing the

waiting time between making an appointment and seeing a provider. The increased access to care will reduce visits to the emergency room and will provide Illinois Valley residents with an alternative to traveling to Grants Pass for medical care.

The new Outreach facility will have a kitchen that will provide education in nutrition and healthy cooking. The living area in this home-like building will serve as a classroom where parents can learn about childhood development and positive parenting skills. There will be both an indoor and a fenced outdoor play area. Being on the health care campus will encourage proper pre-natal care and immunizations for pregnant women and children. The larger area will allow for an increase in families expected to enroll in the Project Baby Check program.

SCHC will also be able to expand space for behavioral health services, adding two full-time mental health professionals to the Cave Junction facility. Currently, only one provider treats adults two days per month.

PrimaryHealth sees FQHCs and other safety net providers as essential partners in our CCO. As mentioned above, our FQHC, SCHC, provides quality primary care, mental health, oral health and a host of wraparound services to vulnerable populations in Josephine County. Not only does SCHC provide care to Medicaid patients, but it treats the uninsured and attracts federal dollars to expand services that benefit the entire community.

A.3.2 Other Models of Patient-Centered Primary Health Care

A.3.2.a PrimaryHealth will have access to the work done by its Affiliate, CareOregon, its contracted partners and participating medical home collaborative clinics in exploring alternatives to the PCPCH. Models currently being considered for further exploration include:

Developing a "Behavioral Health Home," potentially based on work already being done in Missouri. Since many Members identify their behavioral health provider as their "health home" provider, particularly those with severe and persistent mental illness, identifying their "health integrator" as a mental health provider rather than a physical health provider may result in better health outcomes and lower costs.

- Supporting Options in its plans to co-locate primary care on-site with its psychiatric "medical" unit and adult services. To date they have brought in external consultation for both the environmental set-up of a primary care home, assistance in mapping out the flow of patients and developing the overall practice to meet the standards and measures in place for certification as a PCPCH. They have applied for grant funding for the electronic health record, build out of medical suite and funding for the implementation of the project. One grant application has been already been funded.
- Implementing CareOregon's Hot Spot program which is similar to CareOregon's Community Care Program that is operating currently in the Portland area. The aim of such a program is to reduce the total cost of care and/or hospital and ER utilization for a subpopulation of Members who have experienced recent high "potentially avoidable" utilization while improving the experience of care and indicators of health. The crux of this program is the addition of community outreach workers to the PCPCH team to provide critical outreach, engagement, coaching and health literacy activities for high acuity patients. Please see document 2f. **CareOregon Community Care - PrimaryHealth** for a description of CareOregon's Community Care Program.

A.3.2.b. By exploring and implementing innovative solutions that co-locate physical and mental health expertise or increase staff "connectors" in non-traditional settings in the community, we believe we will improve coordination and reduce redundancies in the system; resulting in reduced system costs and improved patient experience and outcomes.

A.3.2.c. In the case of the Community Care Program, the PCPCH is the hub of the outreach workers' daily operation, and outreach workers do the majority of their documentation within the PCPCH electronic medical record system so that coordination and communication with the PCPCH team is centralized. Outreach workers develop a

comprehensive picture of the various service providers that are involved with each patient, and work to make these relationships coordinated and effective. Outreach workers see clients in their homes and within a variety of community sites in addition to meeting them in the health home, hospital, skilled nursing facility, or ER. They will often accompany a client to a specialist appointment or mental health visit, and will assist in the coordination of those visits with the primary health home team. Clinical pharmacists, mental health prescribers, psychiatrists, chemical dependency counselors and peer wellness specialists are among the many other health team members that might collaborate with an outreach worker to develop and implement a care plan for a high risk client.

In addition, PCPCHs have financial incentives to maximize coordination and the use of electronic communication if they are seeking OHA supplemental payments as OHA-certified PCPCHs, NCQA accreditation or "meaningful use" funds.

- A.3.2.d. Outreach workers will ensure that coordination with the PCPCH team and LTC providers through conversations with the Member of the care team and through the use of health home electronic medical record system. Also see A.3.1.d above.

A.3.3 Access

- A.3.3.a. Over 90% of PrimaryHealth participating clinics are located in Josephine and Jackson Counties, providing Member access to primary care at a variety of locations within a routine travel time that is within the community standard as prescribed under OAR 410-141-3220 (4). The network includes school based clinics, FQHC's, and several bilingual providers.

PrimaryHealth's largest minority population is Hispanic. There are currently approximately 50 Spanish Speaking households assigned to OHMS. The PrimaryHealth primary care panel provides several options for this population to see a nearby primary care provider fluent in Spanish. These providers are located at La Clinica de Valle, Siskiyou Community Health Center, and other sites. PrimaryHealth will also provide an interpreter for Members to facilitate communication.

In addition to the existing system, the PrimaryHealth partners will explore new approaches to improving access to services, including the region-wide Community Care Program described above. Outreach workers usually meet with clients in their homes or in other community locations such as parks, coffee shops, and community centers. PrimaryHealth will engage mental health partners and FQHCs in the service area to ensure the inclusion of their already-existing programs in the Community Care Program approach.

- A.3.3.b. We will identify barriers to care through our community needs assessment. Barriers often seen in large rural counties such as ours may include transportation and difficulty offering an adequate primary care and/or specialty provider network. Fortunately, Josephine County has an adequate number of primary care providers and several specialty clinics. The local hospital, Asante Three Rivers Community Health Center, is able to provide a range of high quality hospital services. Most services not available at Three Rivers are available in Jackson County at Asante Rogue Valley Medical Center. Many Jackson County specialists operate satellite clinics in Josephine County. For specialties not available in Josephine County, PrimaryHealth, through OHMS, contracts with the majority of the specialists in Jackson County which is only a thirty-minute drive from Grants Pass.

Translink offers transportation services throughout the county. PrimaryHealth will help coordinate rides for Members who need medical services in Jackson County. Bus transport is also available through Josephine County Transit, which has expanded services and routes in the last two years. PrimaryHealth will continue to regularly monitor potential access barriers to health-care services in our area. In the past, OHMS has maintained open communication and collaboration with providers to ensure that access to OHP clients is uninterrupted. PrimaryHealth will build on OHMS' success and strive to maintain a robust provider panel and focus on strategies to eliminate barriers to coordinated care in our county.

In addition to barriers caused by transportation, Members seeking mental health services often face barriers because of the current funding streams and lack of coordination. We plan to address these issues working with JBH, Options and OHMS and other community-based organizations through previously described forums.

- A.3.3.c. PrimaryHealth will work with its community partners to ensure Members are informed of the changes to the local delivery system. Community meetings will be held in Josephine County to inform the community and solicit feedback about CCO development and changes to the local health care delivery system. Announcements regarding these community meetings will be advertised in the local newspaper, the Grants Pass Daily Courier.

Members of PrimaryHealth will also be notified of changes in the delivery system via mailings from OHMS, JBH, Options and other community partners.

In addition, the primary care practices will communicate directly with their patients about the changes in the model of care. They are excited about promoting their Tier III status and what it means to their patients. We anticipate communication between providers and their patient panel Members will occur through newsletters, websites and verbal communication. PCPCH clinics are required to educate clients about the services available in a PCPCH, and obtain agreement from patients to participate. PCPCH recognized clinics will engage clients to obtain these agreements within six months of patient list submissions. Motivational Interviewing (MI) training will be available to our providers and community outreach workers to enhance the effectiveness of Member engagement.

Also, one of the CAC's initial priorities will be to develop a Member communication and engagement plan to ensure culturally-appropriate communication strategies are developed and implemented.

A.3.4 Provider Network Development and Contracts

- A.3.4.a PrimaryHealth will use the existing provider networks of local partner plans, OHMS and JBH, for the delivery of physical and mental health services. OHMS maintains access to a PCP panel that provides Members with ample choice. PCP's may include Internal Medicine, Family Practice, Pediatricians and Nurse Practitioners from a variety of clinics. Multiple geographic areas are served as well within Josephine County. Major sources of primary care are the Grants Pass Clinic, a large multi-specialty clinic which houses the majority of internal medicine providers in the county, and Siskiyou Community Health Center (FQHC) which provides primary care, dental, and behavioral health services among others. OHMS provides excellent access to healthcare for children through contracts with all Josephine County pediatricians. PrimaryHealth will utilize a prior authorization process to ensure that services that are not available in the service area are coordinated with qualified out of area providers, such as those at Oregon Health and Science University. Where possible, PrimaryHealth will coordinate "out-of-area" services with providers currently under contract with CareOregon.

For mental health services, PrimaryHealth will contract with JBH. JBH, through its contract with Options and other statewide organizations, has a robust panel of behavioral health providers, including those located at Siskiyou Community Health Center, the local FQHC.

JBH has a policy in place for coordinating care with out of network providers when services are not available within the provider network. Policy language includes:

"Every contracted agency is responsible for obtaining covered services for OHP Members that cannot be provided by the agency or its contractors. The cost of such services to the Member cannot exceed the cost for in-network services as specified in the MHO contract. The use of out-of network services should be monitored to determine the need for additional service capacity within the county. All out of network services must be pre-authorized by JBH, or the Member may be responsible for payment for non-authorized out of network services."

JBH actively manages referrals into and out of the Josephine County service area. They do this through existing contracts for services throughout the State, through relationships with other MHO's and through relationship

with AMH (State). Children are often moved from an emergency room in Southern Oregon to a psychiatric hospital in Portland, sub-acute in Portland, Residential Program locally or outside the area, State Hospital, and then back to the home community. There are utilization activities that include the program, county care coordinator, child welfare and juvenile, so that when treatment requires change there is planning that can occur in a timely manner. Adults are moved from State Hospital settings to lower levels of care throughout the State. PrimaryHealth will build on the contractual arrangements, clinical reviews, case coordination and payment structures that currently being used by its Affiliate CareOregon and partners in the community. Our primary focus will be to improve efficiencies by creating a more streamlined, coordinated system of care managed in collaboration between the CCO and the patient's health home so that all the providers of care are operating as one team.

- A.3.4.b PrimaryHealth, through its CAP, will evaluate current systems and develop new strategies to avoid unnecessary inpatient utilization. Having the two primary funding streams, physical health and mental health, flow into one global budget will facilitate innovative solutions, reduce inefficiencies in the system and ultimately result in decreased lengths of stay and reduced readmissions.

Providers in Josephine County already have impressive results. Mental health hospitalization data from 2009/2010 reveals that the four other counties similar in size to the PrimaryHealth region spent between 20 and 50% more on state and acute care psychiatric hospitalization than Options did during the same time period. This difference in hospitalization cost is due to the intensive community based services and short term crisis stabilization program in place in this region. When hospitalization is necessary, an authorization process, continuing care utilization review, and close collaboration between the acute care provider and assigned mental health staff assures appropriate lengths of stay.

Below are examples of programs that PrimaryHealth will continue to build upon to reduce unnecessary inpatient:

- **Choices Counselling Center** works closely with a network of treatment and prevention providers as well as local hospitals to develop procedures and services that refer or place individuals in social model residential treatment or non-medical detoxification/crisis stabilization programs such as the Crisis Resolution Center operated by Options, residential programs such as Ontrack, Crossroads and the ARC. Youth are referred or placed at Kairos, Lithia Springs or may be placed in an array of residential programs such as Rim Rock Trails, Deer Creek or Ontrack. The development of relationships with these programs working together with individuals and families to form plans for successful conclusion and aftercare are most successful to avoid recidivism.

Choices has a representative on the OHMS Quality Improvement Committee where individuals with multiple diagnoses are discussed. This has afforded a more unified approach to the services provided these individuals. Extensive efforts towards training physicians to screen for substance abuse as well as developing a "warm hand off" over just a chemical dependency referral have been made. Ongoing efforts include working with local law enforcement and the local hospital to develop social model or sub-acute detoxification services to add to our continuum of care.

- **Options** operates a short-term stay hospitalization diversion program called the Crisis Resolution Center (CRC) for adults needing acute psychiatric stabilization or co-occurring disorder residential treatment. Options' CRC provides treatment to individuals who are experiencing a psychiatric emergency, many of whom have co-occurring disorders. The treatment includes the following: individual and group therapy, as well as education groups, skills training and medication management for crisis stabilization, mental health and addictions assessments, short term individual, group and family therapy, individual and group skills training, 12-step facilitation, relapse and discharge planning. The CRC engages clients in co-

occurring outpatient treatment and peer recovery programs prior to discharge. The CRC is fully licensed as a Secure Residential Facility, certified as a Non-Hospital Hold and as a Residential Alcohol and Drug Treatment Program (outpatient and in-patient) by Addiction & Mental Health Division of the State of Oregon. It is also recognized by the Addiction & Mental Health Problem Gambling Services Division.

- **Options**, in collaboration with Jackson County Mental Health, is one of three statewide sites chosen as demonstration sites for the children's WRAP program. This evidence-based program wraps services around children who have had multiple out of home placements and supports these children and their families via child and family teams to reduce need for costly foster care placements. Care Coordinators ensure that all possible natural supports are engaged and supportive of the child and family. WRAP services are community based; peer support specialists work with children and families through the process.

Children's intensive community treatment services also "wrap" services around children and families and funds are procured from donor organizations to cover barrier removal costs. Functional Family Therapy, another evidence-based practice, is provided in conjunction with Choices and deters youth from costly incarceration. Because of these intensive community-based services which provide care coordination and non-traditional supports, Options has maintained a very low utilization rate when it comes to more costly residential and day treatment care for children.

- **Schools** provide skills training, therapy, and psycho-education are provided in every school in PrimaryHealth's service area to help maintain children in the community and connected to community services.
- **Kalros** offers a brief crisis stabilization program that serves as an alternative to acute hospitalization.

Through its CAP, PrimaryHealth will work closely with JBH, Options, OHMS and other community partners to build on these successful strategies and explore new ones.

- A.3.4.c As noted above, PrimaryHealth, through its partners, has a comprehensive network of behavioral health providers. These organizations have worked together for years to develop community solutions that support Members in the most appropriate and independent setting. PrimaryHealth will call upon this established network of local behavioral health services and providers in order to provide Members a comprehensive service array, tailored to identifiable needs. Policies and procedures will assure that Members are served in least restrictive environments and provided services and supports that will enable them to live in independent or semi-independent settings. We endorse the goals and objectives of the Adult Mental Health (AMHI) Initiative and will continue to work with our provider agencies to develop programs and intervention strategies that further this initiative.

Below are the types of services provided by some of PrimaryHealth's community partners:

Options provides a full continuum of care for adults, ranging from secure and non-secure residential treatment programs, foster care and multiple independent and supported housing options for adults with addictions, co-occurring disorders and mental illness. An AMHI Coordinator works with Residential Managers and the Foster Care Specialist, monitoring level of care via the LOCUS instrument and other clinical assessments, to ensure that adults are transitioned and supported in the most independent setting possible. Options recently applied for and received funding to develop another apartment unit that will provide transitional housing and services for those with co-occurring disorders who are actively engaged in treatment.

Children's services such as intensive community treatment services and WRAP focus on keeping children with families, providing parenting skills and education and supporting them in the community as a family unit. Standardized level of need determinations are done on all children entering mental health care and are completed regularly thereafter to track progress and help move children through the continuum appropriately.

Kairos offers a high end service array for the most troubled children and youth. This includes short term crisis resolution, longer term residential treatment, treatment foster care and two specialized programs for Young Adults in Transition. All Kairos' programs are structured with much community interface and designed to successfully transition youth to lower levels of care at the first appropriate opportunity.

A couple of additional evidence-based programs coordinated by Options in the community are described below:

- The Assertive Community Treatment Program is comprised of a psychiatric nurse practitioner, mental health therapist, dual disorders treatment specialist, nurse and case manager. The team coordinates intensive community-based services aimed at engaging and treating high risk individuals while maintaining them in the community.
- "Supported employment" assists adults in finding and keeping competitive employment in the community, not "make-work." Josephine County's unemployment rate hovers around 12% but in the last quarter of 2011 41% of the 88 individuals enrolled in this program were working. For the same time period, the Supported Education program, offered on-site at Rogue Community College had nine students matriculated. They enrolled in 80 credits, completed 80 credits and had an average GPA of 2.89.

A.3.5 Coordination, Transition and Care Management

Care Coordination

A.3.5.a. PrimaryHealth will support the flow of information between providers using a variety of strategies.

PrimaryHealth will work towards improving communication by encouraging implementation of EMRs in provider offices, engaging in local HIE initiatives, utilizing non-traditional workforce as "connectors" and creating forums through CAC, CAP and other venues for local providers to create solutions that promote effective, appropriate sharing of information.

EMR/HIE: Local partner organizations are in various stages of implementing EMRs and beginning discussions about how to communicate across provider organizations with different HIT solutions. OHMS has representation at Southern Oregon Medical Network (SOMN) and the Jefferson HIE, local provider stakeholder groups in Southern Oregon focused on inter-agency electronic communication. Options is in the process of implementing an electronic health record (EHR) for all its clinical processes. This record will have the capacity to link with medical providers and other providers' systems to enable "real time" sharing of clinical information that is vital to coordinating client care. Most of the local PCP clinics are utilizing EMR, and many have met 'Meaningful Use' criteria through CMS. (See Section 6 for more information about Health Information Technology)

Non-traditional workforce: PrimaryHealth's mental health and chemical dependency partners, including Options and Choices, have a long history of using non-traditional health workers such as case managers and peer support staff to help individuals engage in services, integrate into the community and navigate the health care system.

As mentioned briefly above, Options offers Assertive Community Treatment, which focuses on engagement and intensive intervention in the community from professional providers not traditionally viewed as community workers. Nursing staff, co-occurring disorders staff and clinical staff reach out to individuals in homeless shelters, on the street and in the soup kitchens to provide health care and addictions and mental health treatment and support. Strengths-based Case Management is heavily community and outreach based and focuses on an actual "Strengths Assessment" of the individual, which grows over time. "Strengths" case managers, recognizing that the community contains a wealth of resources, help the individual use these resources to reach recovery. Peer support staff work on engaging and integrating individuals into treatment and into the community and are able to relate and communicate from a first-person perspective. Peer support staff

are common at both Options and Choices and have a large role in ensuring that a recovery and relapse plan is in place and that clients are “hooked up to” long term, coordinated community supports.

Local Forums: As addressed in A.3.1.d, PrimaryHealth will engage local partners such as mental health providers, primary care and LTC to create communication systems to ensure all entities receive optimal information to meet the needs of their shared patients and avoid duplication.

- A.3.5.b. As discussed above, PrimaryHealth will build on the partnerships in the community that have been formed to create communitywide solutions. OHMS currently works with Options, a network of hospitals, Choices and the appropriate Human Services office to facilitate Member care coordination, especially at times of crisis. PrimaryHealth will strive for even closer working relationships with community partners such as Public Health and APD/Long Term Care that will enhance the patient experience and maximize each organization’s efforts. Currently, Options facilitates a ‘Priority One’ meeting each week. “Priority One” is a meeting dedicated to multidisciplinary planning for mental health clients experiencing crisis. OHMS participates along with other community partners in these meetings when an OHMS client is involved. PrimaryHealth will build on these efforts to ensure a process is established to ensure a broad section of community organizations are involved in the development of a crisis support plan.

Josephine County has a wide array of community prevention and self-management programs, such as the HIV-Alliance, Community Works, The Job-Council, Project Baby Check and Healthy Start, Pioneering Healthier Communities, Pathways to Care Network, “Living Well” programs, and the local YMCA, which offers a wide variety of health management and parenting classes. These programs offer a wide array of vital services, but need assistance in making referrals that best utilize the services they provide. Community outreach workers and health navigators will maintain knowledge of programs available and connect clients with the appropriate health resources within our community. This will create a dual benefit of utilizing available services while enriching client’s lives in meaningful ways.

- A.3.5.c PrimaryHealth will provide access to culturally and linguistically appropriate education for Members about care coordination. As discussed in section A.3, a key factor of success for a PCMH is effective communication. PrimaryHealth will assist clinics in developing the skills to provide culturally and linguistically appropriate care planning and enhance engagement with patients and families. One of the strengths that CareOregon brings to PrimaryHealth is experience working with diverse communities using a variety of strategies, including active engagement of a Member Advisory Council. PrimaryHealth will build on this strength.

Interpreters can be used by care providers to assure effective communication with Members and their families or caregivers.

- A.3.5.d. Through its CAP and/or other existing community forums, PrimaryHealth and its provider partners will evaluate and implement the most effective ways to identify Members with multiple diagnoses and providers regardless of where they enter the system.

Initially, PrimaryHealth will employ several methods to identify Members:

1. Lists generated by the PCPCH Identify patients Members with ACA-qualified conditions and allows the PCPCH to receive supplemental payments.
2. CareOregon can provide claims-based utilization profiles for Members residing in Josephine County. These profiles will allow primary care and specialty providers to identify high acuity and high cost patients that would benefit from intensive care coordination and outreach efforts such as CareOregon’s Community Care Program. CareOregon will also provide claims-based predictive modeling reports to local provider organizations that assist in the identification of diagnostically-defined high-risk subgroups of patients that could benefit from care coordination and chronic disease interventions.

3. Providers review their panels for "high needs" individuals. As providers understand the programs available for these complex patients they can identify and refer others who have not yet been identified by claims or do not have ACA-qualified conditions.
4. Another path of referral occurs through the PrimaryHealth Member Services department, which will initially be performed through OHMS. Members Services staff are able to identify Members who are identified through Utilization Review, Prior Authorization processes, or Pharmacy Reviews as having high risk profiles. Once developed, the care plan will be shared with other entities involved so that all may have the opportunity to provide input.

We will build on the existing structures in place at the local level. Mental health, nurse case managers and peer support staff meet regularly to ensure that individuals make and attend critical and routine health care appointments, understand and take their medications and have access to programs available to them. Additionally, under PrimaryHealth, community health outreach workers and health navigators may be used to assist Members access the many services available to them.

NOTE: JBH is the Region V host for Developmental Disability crisis services and coordinates the needs of the majority of developmentally disabled individuals who also have mental health challenges. Region V is a division of Jefferson Behavioral Health. Region V Crisis Diversion office is the product of an intergovernmental partnership of Coos, Curry, Douglas, Jackson, Josephine and Klamath Counties' Developmental Disabilities (DD) Programs. Since 1999, the Region V office has provided coordination of crisis services and placements to DD children at risk of out of home placement and to DD adults whose community supports are in jeopardy and/or are at risk of Civil Commitment under ORS 427. Region V's partnerships extend across various DHS agencies. The Region V program is an integral community partner with County DD Program's and local community organizations that play vital roles in stabilizing individuals with Developmental Disabilities experiencing crisis.

- A.3.5.e. PrimaryHealth will work with local mental health providers including Options and JBH to develop a process to proactively identify Members affected by the 1915(i) SPA and work towards a coordinated system for case management, service coordination, and monitoring. This would include Members with Severe and Persistent Mental Illness that are placed in residential care settings. Coordination of efforts between PrimaryHealth, JBH and Options will ensure that services and items needed to maintain a stable and supported environment are provided, including items and services that are not covered under the traditional Medicaid structure.

Work done through the Adult Mental Health Initiative process has focused on a process of defining treatment based on individuals needs as opposed to a treatment program's mileu. The 1915(i) SPA builds upon this by recognizing and providing for services for individual needs which mental health has found difficult to provide and fund under the State's prior Medicaid process. The need for services such as regular assistance with activities of daily living and helping a client develop awareness of community norms has not been well addressed historically via the traditional Medicaid structure. However, local providers have found that assistance with things such as toileting, taking medication or assistance with recreation and social activities often are the things that individuals require in order to move into or maintain a maximum degree of independence in their living situation.

Paraprofessionals, peer specialists and family advocates are ideal for assisting clients in being successful with these tasks. This arrangement whether offered in a residential treatment program, foster care or in the community is cost effective, practical and vital to avoiding higher end levels of care. PrimaryHealth will educate providers as the use of the 1915(i) SPA and review the use of these services in the lives of its Members. By ensuring that Members who can utilize these services are receiving them, PrimaryHealth will be able increase the number of its Members who are living independently and lessen the amount of time and money spend on 24/7 residential treatment.

A.3.5.f. PrimaryHealth will build upon an array of other evidence-based or innovative programs and intervention models currently provided by local partners. Some of these are highlighted below:

- **Options**, in collaboration with corrections and the courts, have developed a Mental Health Court (MHC). This Court serves as a diversion from both jail and hospitalization by engaging individuals who are resistant but require treatment. Through a combination of court order, regular team meetings, and support with quality of life issues such as housing, work and personal accountability, individuals engage in treatment services and dramatically lower their involvement in the public safety and corrections system. Data collected on 21 Mental Health Court participants showed a decrease in public safety contacts from 605 in the 12 months prior to engagement in MHC to 76 contacts in the 12 months after enrollment. In addition, Options offers Supported Employment and Supportive Housing.
- **Choices Counseling Center** has been awarded with the sole contract to be the local Drug Court provider. Many OHMS participants/clients are involved in treatment through the Drug Court program. Involvement with local law enforcement and courts has allowed a broader community referral base to chemical dependency services and reduces the need for more costly interventions such as foster care, prison or hospitals.

Choices Counseling Center (CCC) provides outreach to at risk youth and families at three high schools and two middle schools as well as the Juvenile Justice Center. They also provide a ½ time therapist on the Functional Family Therapy Team that operates out of Options. CCC employees a (Strength Based) Case Manager that serves the Child Welfare population and is housed at Community Corrections along with a peer support staff who is employed by Ontrack. Choices employs both the cognitive behavioral matrix model, and the Stages of Change model.

- **Kairos** is applying for grants to develop an EASA program (Early Psychosis and the Early Assessment and Support Alliance). It is well documented that intervening early through observation, identification and treatment of an individual in the initial stages of psychosis has a significant positive impact on the long term health of the person.

Kairos also has developed an innovative school outreach program that delivers support to “at risk” students in educational settings.

- **JBH** has shown state and national leadership in peer delivered and peer support services such as the community survival project, dual diagnosis anonymous, and other peer/advocate support systems. Jefferson Behavioral Health has trained 36 adult consumers and 15 Family Members and Youth in the last year through an AMH approved Peer Delivered Services Curriculum. These Members are now eligible to be hired by programs to start providing Medicaid-billable Peer Delivered Services. Evidence continues to show that Peer Support is central to improving mental health outcomes for peers. The JBH Member Services Specialist is a member of the AMH Peer Delivered Services Curriculum Review Committee, and has been a part of the state-wide effort to build and support Peer Services as a part of the mental health system.

PrimaryHealth will continue to conduct ongoing research into new and evolving evidenced-based practices and provide ongoing training opportunities for all partners in the health care spectrum.

Assignment of Responsibility and Accountability

A.3.5.g. To ensure every PrimaryHealth Member has access to primary care, every PrimaryHealth Member is assigned a Primary Care Provider at the time of enrollment. Members may change their PCP by request. At the time of assignment, the PCP becomes accountable for the healthcare of the assigned Member. Members are encouraged to establish care as soon as possible. Outreach efforts will be made at the time of enrollment in PrimaryHealth to ensure that the Member will not encounter any barriers to establishing care at the assigned

medical home. PrimaryHealth assignment process will build on the existing process used by OHMS as described below:

At the time of enrollment, the Member Services staff, which will be performed initially by OHMS, places a welcome call to the Member. During this call the Member is informed of the PCP that to whom he/she has been assigned. In addition, instruction is given on the process for establishing care as soon as possible and a brief screening is conducted. If issues are identified, the ENCC follows up with care coordination and support as needed. The Member is counseled on appropriate use of the Emergency Room and how to obtain services such as prescriptions. Within 14 days of enrollment, the new Member packet, which includes the Member handbook and Member card, is mailed. OHMS also mails a detailed health assessment survey to any Member who has been identified by the state as having special needs. Member education materials will be available in languages determined by the community needs assessment and those required by state/ federal mandates.

- A.3.5.h. Whenever possible, Members speaking languages other than English are assigned to primary care providers who speak the same language. Interpretation assistance is provided to all non-English speaking Members and facilitated by Member Service staff. Both Members and primary care providers are educated about how to access interpretation services. Family Members or friends should only be used as adjunctive communicators if the Member prefers.

All members have access to TTY services and materials in alternate formats, following current OHP practice.

Comprehensive Transitional Care

- A.3.5.i Identifying strategies to improve the coordination among the transitions of care is a priority for PrimaryHealth. We will build on existing programs of CareOregon, OHMS, JBH, and Options, and integrate best practices, through the CAP, to develop a program that meets the needs of CCO members.

PrimaryHealth will develop a standard community transition process with defined workflows and accountabilities starting by focusing on the transition from hospital to primary care. Much of this work will be modeled on what the Kaiser system has put in place within their integrated system. This work has already begun in Portland at the Legacy hospital system to standardize inpatient risk assessment, post acute planning and communication of discharge needs. Through PrimaryHealth's Affiliate CareOregon, it will glean information from models being implemented in Portland. We will work locally to implement best practices between our providers and community hospital system.

For Members who need care management support as part of their hospital transition because of a high likelihood of re-admission, PrimaryHealth will evaluate benefit of implementing proven programs designed for high acuity hospitalized mental health and substance abuse patients and piloted elsewhere in the State. Examples of two programs our CAP will evaluate include: 1) the Care Transitions Innovation (C Train) which was developed at OHSU for medical patients; and 2) the Intensive Transition Team (ITT) which was developed by Washington County Health and Human Services. Both provide a care manager who works with hospital staff to ensure discharge instructions are clear and with the patient / client to create a Personal Health Record to optimize their understanding of what will follow. After discharge, a home assessment is conducted within 2-3 days, and follow up phone calls are made up to 30 days after to provide support and links to community resources. Again, PrimaryHealth will use findings from successful pilot programs to formulate protocols for Josephine County.

From psychiatric inpatient treatment facility: PrimaryHealth will work with community mental health, physical health and community based organizations to build on the current processes in place. Today, for adults transitioning from psychiatric inpatient treatment or residential care, the transition process begins prior to discharge. Options endeavors to monitor the care the individual is receiving throughout their stay at an inpatient or residential program and frequently participates in other provider organizations' care team meetings

to offer input and receive information on a client's progress. This level of involvement occurs via Options AMHI Coordinator who tracks adult patients' progress through the mental health system and ensures that individuals are transitioning to lower levels of care as soon as it is clinically appropriate to do so. This AMHI Coordinator keeps agency clinical staff such as case managers, residential program managers, foster care specialist and clinical director informed of clients' progress and preparedness to transition. With the AMHI Coordinators facilitation, Options program staff including residential, supported housing, foster care, and ACT or outpatient services are able to prepare appropriate coordinated treatment plans and services for individuals stepping down from higher levels of care. Families and "client identified" significant others are engaged by Options case managers and program managers to be involved in the transitioning of individuals and in the development and implementation of the individual's care plan.

Care coordinators are an integral part of Options children's system of care. These Care Coordinators coordinate services through child and family team meetings which invite all participants in a child's life (PCP, school etc) and focus on the engagement and active involvement of families and natural supports. Options Family Advocates and Peer specialists offer knowledgeable support and guidance to children and their families from a first hand perspective. The Care Coordinators with support from clinical management, monitor, review and provide input into services provided at residential programs. When children are preparing to transition, the Care Coordinators ensure that the appropriate treatment and supports for the child and the family or foster family are in place. Care Coordinators continue to facilitate child and family team meetings and coordinate care as these children progress in school and treatment.

- A.3.5.j PrimaryHealth is working with the local APD office and other entities to develop a standard process that will promote and monitor improved transitions of care for Members receiving or in need of DHS Medicaid-funded LTC services and supports. This process will be developed through ongoing meetings and case analysis, and will be specifically adjusted to the needs of Josephine County. A written plan for this element will be contained in the MOU, which is currently underway. This document will describe how PrimaryHealth will coordinate and communicate with APD. The MOU will be complete by the Readiness Review. PrimaryHealth plans to involve hospital discharge planners and local nursing homes in the development of standardized "transition" processes for Members receiving DHS Medicaid-funded LTC services.
- A.3.5.k Member transitions of care will be tracked by PrimaryHealth, initially using OHMS' Management software module. OHMS has a system is currently in place to initiate transitions in care, such as admission and pending discharges, by the hospital or nursing home facility. PrimaryHealth will then, over the next year, incorporate certain programs in place with CareOregon, such as a program that tracks all members discharged with congestive heart failure for 30 days through care management, due to the high incidence of readmissions for this diagnosis. We also will work with the CAP to develop an effective palliative care program.

The current system of coordination with psychiatric residential treatment providers and state hospitals used by partners JBH and Options will continue to be used to coordinate discharge planning and develop transitional care plans for individuals with serious mental illness. At the county, the AMHI coordinator (adults) and the ISA Coordinator (children) participate in hospital discharge planning meetings and develop a community plan for transition back into the community. An individual care coordinator will be assigned for each AMHI client and will coordinate primary care, rehabilitative supports (funded with the 1915i SPA), mental health treatment supports, residential services, state hospital services, community corrections, developmental disabilities programs, Aging and Disability Services and additional recovery needs and commitments.

In addition to specific programs and personnel driven coordination efforts, development of population-based information systems will significantly improve coordination. Utilization management databases and middleware for physical health and behavioral health will be integrated to minimize redundant efforts and maximize return on investment in benefits management.

Individual Care Plans

- A.3.5.l PrimaryHealth will build on the current processes used by OHMS, JBH, Options and CareOregon, and work with the CAC and CAP to develop the best approach to create individual care plans that defines the roles of the CCO and the PCPCH.

Primary Care Providers will be responsible for creating individualized Person Centered Care Plans, which are developed in coordination with the patient and family, and reflect the client and family needs and preferences for education, recovery, and self-management as well as the management care coordination functions. This should include the options for accessing care, information on care planning and care coordination, names of care team Members, and information on way the team Member participates in the care coordination. Though other entities such as PrimaryHealth may create individualized care plans, the person-centered plan created by the primary care provider is usually considered to be the “master” care plan, and the PCPCH the “hub” of patient care coordination. A process for creating individualized person-centered care plans is underway with PCPCH clinics as a component of the PCPCH enhanced payment program.

Currently CareOregon has a process in place for its Medicare Advantage Special Needs Plan (SNP) that achieved the highest level of approval from CMS (3-year certification). In that process, each Member receives a yearly health risk assessment. The results of that assessment are combined with existing claims and prescription drug information to create a Member-facing individual care plan, which is sent to the Member. This individual care plan has specific recommendations for the Member, and encourages the Member to work with their PCP to set and achieve desired health goals. In addition, Members who have a high predictive risk score on their care plan are automatically enrolled in care management programs. By stratifying the assessments by risk score, CareOregon can ensure that high-risk Members are reassessed every 6 months, either through additional risk assessments, or more likely through additional assessments performed by primary care medical home or local CCO care coordination staff.

The CAP will be responsible for evaluating the roles that CareOregon, OHMS, JBH and Options play today in developing and communicating individual care plans across provider organizations. Systems will need to be developed to ensure that LTC, mental health and other providers are communicating with the Member’s PCP to ensure that the PCP is informed of other care plans and can incorporate these elements into the person-centered plan.

A.3.5.m. Please see provision A.3.7.

A.3.5.n. Please see provision A.3.7.

A.3.5.o Please see provision A.3.5.i.

A.3.5.p Please see provision A.3.7.

A.3.6. Care IntegrationMental Health and Chemical Dependency Services and Supports

- A.3.6.a. PrimaryHealth, will contract with OHMS, Options and JBH to provide integrated mental health and chemical dependency services. Options and Josephine County’s MHO, JBH, have a comprehensive network of mental health providers that include; acute psychiatric inpatient services for children, adolescents and adults, non-hospital crisis resolution centers, residential treatment for children, adolescents and adults, children’s day treatment programs, behavioral rehabilitation services, the AMHI projects and several Wraparound initiatives with child welfare. These organizations will work closely with OHMS, Choices and other community-based organizations to ensure the community has a coordinated system of support for Members requiring mental health and chemical dependency services. Options and JBH, in collaboration with OHMS and Choices, are

developing transition plans regarding the continued provision of services throughout the CCO implementation period.

Each of the abovementioned partners will have a seat on PrimaryHealth's CAP, CAC and Board. Through the CAC, they will reach out to minority and culturally diverse populations to identify ways to improve services and accessibility to minority populations. Major services providers such as Options, Choices and Kairos actively work to attract qualified bilingual/bicultural staff, and to provide culturally sensitive services to Members of all minority populations. PrimaryHealth believes that "cultural diversity" extends to language, national origin, class, race, age, ethnicity, income, disability, stage of development, religion, gender, sexual orientation, lifestyle and other diversity factors. Options has already established an organizational Diversity Committee to improve organizational practices and develop the most supportive and meaningful relationships possible with Members of local minority groups.

A.3.6.b-c. PrimaryHealth's partners have a long history of working together to engage, refer and treat residents within the Josephine County community. Over the years, these providers have developed many new programs to address community-based, integrated treatment for behavioral health issues. JBH, OHMS, Choices and Option's staffs, in conjunction with behavioral health and medical community staff, provide preventative care, care coordination, peer support, active treatment engagement and follow-up services for Members and clients with mental health and chemical dependency conditions. As part of the CCO transformation, a thorough review of how each entity performs these roles, where they intersect, and how they may be more effectively integrated will occur. Our goal is to develop a comprehensive system of care that will more efficiently and effectively prevent, engage, treat and follow up on health issues, especially those that are chronic in nature and other issues that appear to be inadequately addressed within the current health care system.

PrimaryHealth, through its partners, has key staff with experience in assessing readiness and transitioning individuals with medical needs from one level of medical care to the next. Within our service region, Options has a long and successful history of providing a continuum of community-based outpatient and residential treatment services, as well as supportive and independent housing for those with mental illness and sub-specialty populations. Currently, designated Master's level AMHI Coordinators monitor and coordinate the progress of local residents within the statewide residential spectrum of care and facilitate the transition of those Members from licensed residential treatment services to supportive or independent living. In the future, PrimaryHealth, via OHMS Care Coordinators, will strengthen the coordination of services across health care disciplines by developing and monitoring a shared integrated plan of care for individuals, which will follow them through the health continuum and across service providers.

PrimaryHealth current partners provide a vast array of services for children, adolescents and adults suffering with mental health and chemical dependency concerns. These include:

Children/Youth:

- Options has strong outreach models in place for behavioral health services for high-risk youth and are able to identify, screen and treat youth in schools and other community settings.
- Choices and Options have developed a multi-agency Functional Family Therapy Team that serves youth at high risk for juvenile crime/recidivism, substance abuse, and/or serious emotional/behavioral disorders. Programs like these deter youth from accessing higher levels of services in the addictions, mental health and corrections arenas.
- Options Children's Resource Team (CRT) provides services for children from every school in the County. CRT works closely with families, schools, corrections, and youth serving community agencies such as Kairos and Community Solutions that provide counseling in local schools and a day treatment program for youth that have been sexually abused. Child and adolescent psychiatric residential care treatment is provided by the

Kairos Assessment and Evaluation facility located in Grants Pass. CRT also offers crisis intervention services in local schools, and provides debriefings and interventions at times of tragedies in the schools (e.g. suicides, accidental deaths of students or staff). PrimaryHealth will contract with Options for the continued provision of these and other evidence-based services which promote prevention and intervention through the use of community based supports and professional, paraprofessional and peer support delivered services.

- Choices Counseling Center provides integrated prevention and outreach to three local high schools as well as two middle schools, providing on-site access to counselors. Counselors are available for rapid intervention at the PCPCH clinics, hospital and long-term care facilities, when indicated and requested by providers or Members.

PrimaryHealth, in conjunction with its provider network and in keeping with contractual requirements, will develop integrated policies and processes to monitor and review Member progress, services and outcomes. The quality assurance programs at the CCO level and provider level include a critical review component and input from CCO committees such as the Community Advisory Committee and Clinical Advisory Panel.

Access to more intensive children's services such as day treatment and residential currently occurs through level of need determination and this will continue. The extensive use of wraparound services for children in our service area has proven very effective in limiting the use of higher cost/more intensive services for children and PrimaryHealth will continue to support the wraparound model in the development of its global budget.

Families are encouraged to participate in an individual's recovery in all areas of the mental health and addictions service spectrum offered by PrimaryHealth. Frequent contact with family Members is encouraged, and Members are invited to participate in the treatment planning and care team processes. Family involvement is particularly crucial when children and youth are receiving services, and PrimaryHealth providers have developed an array of policies and procedures that assure and facilitate such involvement.

Adult Services:

OHMS has a proven track record of coordinating and integrating physical and mental health care needs through collaborations with the Options adult services. Like the children's services, adult services are heavily community-based and immersed in the "real world." In addition to therapy and evidence-based case management, Options provides integrated mental health, addictions and physical health care and coordination to high risk adults via its Assertive Community Treatment Team that places a high emphasis on outreach and engagement of treatment resistant adults. Supported Employment via Options assists individuals in procuring competitive employment. Supported Education Services takes place on the community college campus, assisting adults in returning to school.

Housing:

- Options has developed and manages six independent housing projects for specialty populations. Many of the tenants have co-occurring disorders and receive treatment via Options and Choices.
- Options also operates a transitional addictions recovery home with service navigation and attainment support via a "Coordinator." The Coordinator manages all aspects of this drug-free housing facility and provides a wide array of services, including interagency networking, staffing referrals from multiple agencies, screening clients for appropriate placements, coordination of mental health, chemical dependency (often in conjunction with Choices), and housing services.
- Additionally Options staff provides oversight of house management, recovery plans, transition to longer-term housing, conditions of probation/parole, and monitoring support group participation.
- Options maintains a 24-hour, 7 day a week crisis hotline and offers direct clinical specialist response for individuals of all ages experiencing a psychiatric crisis. For adults needing acute psychiatric stabilization or

co-occurring disorder residential treatment, Options also operates a 15 bed alternative to hospitalization program called the Crisis Resolution Center (CRC) which is dual diagnosis enhanced. Options' CRC provides treatment to individuals who are experiencing a psychiatric emergency, many of whom have co-occurring disorders.

- Options operates one of the few non-hospital hold and crisis respite programs in the state. This program, the Crisis Resolution Center, (CRC) provides crisis intervention services at the local hospital's emergency room and diverts those in mental health crisis from costly acute care. Diversion to the CRC, a program which is dual diagnosis enhanced, allows for rapid engagement into treatment. Individual and group therapy, as well as education groups, skills training and medication management for crisis stabilization, mental health and addictions assessments, gambling treatment, short term individual, group and family therapy, individual and group skills training, 12-step facilitation, relapse and discharge planning are all utilized in the stabilization and treatment process.
- Choices also coordinates directly with the Crisis Resolution Center to access the co-occurring beds for individuals with chemical dependency issues who are in need of that level of treatment, through admissions referrals, involvement in discharge planning and provision of aftercare support.

Integrated Care and Service Delivery by Proactively Screening and Identifying Members –Crisis Intervention

PrimaryHealth screens Members for the presence of mental/emotional issues and/or chemical dependency/addiction issues at time of enrollment and periodically during the course of enrollment. Referrals to appropriate providers may be offered or arranged at any time. Members demonstrating unusually high risk may be offered care coordination or navigator services. Crisis plans are developed at the provider level. Members are assisted in developing linkages with APD/AAA, other social services, or long term psychiatric care programs as indicated and appropriate. The local provider network maintains close collaborative relations with one another and mechanisms and protocols for cross agency referrals are firmly in place.

Siskiyou Community Health Center also has a system in place to screen its patient for mental health conditions. Described in more detail below in A.3.6.d

- A.3.6.d. PrimaryHealth will work with its network of contracted partners and community partners to ensure organized system of services and supports.

Integrated Prevention Services at the Clinical and Community Level

Prevention and early intervention services are integrated across the physical, chemical dependency and mental health spectrum throughout the service region through education and outreach, including but not limited to; healthy lifestyle classes, parenting classes, adult recovery classes, care coordination activities, chemical dependency and mental health staff out-stationed at the schools and corrections systems, mental health specialist stationed at Head Start, employment and education supports, and technical assistance and financial support of peer run programs.

Options and OHMS belong to the Josephine County Chemical Dependency Provider network wherein resources on training and clinical practices are shared and resourcing for future needs of the community are mapped out. OMHS has been a strong participant in shared performance improvement projects across the health care disciplines. Integrated projects such as primary care referrals for behavioral health treatment and smoking cessation referral and engagement programs are examples of these.

Strategies to increase prevention efforts include increased information dissemination regarding the roles of PrimaryHealth and its network of providers, awareness and knowledge of the nature and extent of substance use, and mental health issues and their effects on individuals, families, and communities. Such strategies will include review and further development of resource centers, resource directories, media campaigns, brochures,

radio and television public service announcements, speaking engagements and health fairs that target all health care issues.

Integration of Primary Care Across Systems

As an alternate to mental health services provided at Options, Siskiyou Community Health Center (SCHC), the FQHC, offers integrated behavioral health services. Siskiyou believes that integration of behavioral health into primary care is a fundamental issue that can be best met by co-location of physical and mental health providers. Siskiyou PCP's are able to respond to behavioral health concerns and positive screenings immediately.

Behavioral health staff at SCHC are able to contribute to the development of screening processes within the medical clinic for behavioral health issues. These behavioral health screening processes are now active with every patient of the FQHC. These screening have led to diagnoses, treatment (both pharmacological and non-pharmacologic), and successful outcomes. Integration extends to the electronic health record. When indicated, any provider can log-on to review treatment notes, counseling outcomes, counselor and patients goals, and the diagnosed comorbidities or diseases.

Medical management in coordination with the PCP consists of various levels of care. Most PCP's at SCHC initiate appropriate medical care for mental health patients and monitor the treatments. Often, the diagnosis is made and treatment is initiated first with the assistance of the psychiatric practitioners. The length of time a client is in service depends on the clinician and the patient's individual needs and treatment plan. Once stabilized and appropriate, these patients can often return to their PCP to manage with occasional assistance by behavioral health practitioners. Because of the integration of services, care remains fluid, creating "warm hand-off's" that are so important in behavioral health care. PrimaryHealth, in coordination with Options, would like to extend this model of care with co-located behaviorists to other PCP clinics, such as the Grants Pass Clinic.

Qualified Service Providers and Community Resources Designed and Contracted to Deliver Family-Focused, Community-Based Care

PrimaryHealth and its providers, through the use of trained peer personnel will work with PrimaryHealth Members, particularly those with limited social supports, to develop and participate in activities that promote and support healthy lifestyles. Options and Choices are experienced with the use of peer supports to engage people into treatment and link them with supports, such as peer run recovery groups, fitness programs, and faith based services, which lead to a higher quality of life, less chance of relapse and quicker re-engagement into services if relapse does occur.

Options Children's Resource Team (CRT) work in the community in a variety of capacities. These include:

- Integrating the team's therapy and skills training services into every school in Josephine County. Professional and paraprofessional staff work with children, families, teachers and school counselors to help children address issues that impact on their success at school and at home.
- Connecting with juvenile justice via on-site assessments and counseling and through its Functional Family Therapy program.
- Performing outreach, education and screening via an on-site counselor at a local Head Start program.
- Working closely with other children's services providers in the community, including Family Solutions, who provides counseling in local schools and a day treatment program for youth that have been sexually abused.
- Working with other youth agencies including the Coalition for Kids and the Southern Oregon Adolescent Study and Treatment Center (now called KAIROS). KAIROS Assessment and Evaluation Facility located in Grants Pass provides child and adolescent psychiatric residential care treatment.

- Offering crisis intervention services at times of tragedies in the schools (e.g. suicides, accidental deaths of students or staff).

PrimaryHealth will contract directly, or through JBH, with Options for the continued provision of these and other evidence-based services which promote prevention and intervention through the use of community based supports and professional, paraprofessional and peer support delivered services.

OHMS is contracted with Allied Health/CRC in Medford to provide medication assisted treatment for its Members. Choices Counseling Center manages referrals, authorizations and chart review of between 15 and 20 individuals that receive methadone dosing and treatment services.

Choices Medical Director/OHMS QI Committee Member is a designated Suboxone prescriber and works closely with providers to titrate individuals off of opiate dependency.

Network of Crisis Response Providers to Serve Members of all Ages

Options maintains a 24 hour, 7 day a week crisis hotline and direct clinical specialist response for individuals of all ages experiencing a psychiatric crisis. For adults needing acute psychiatric stabilization or co-occurring disorder residential treatment, Options also operates a 15 bed alternative to hospitalization program called the Crisis Resolution Center (CRC) which is dual diagnosis enhanced. Options' CRC provides treatment to individuals who are experiencing a psychiatric emergency, many of whom have co-occurring disorders. Individual and group therapy, as well as education groups, skills training and medication management for crisis stabilization, mental health and addictions assessments, short term individual, group and family therapy, individual and group skills training, 12-step facilitation, relapse and discharge planning are all utilized in the stabilization and treatment process. Choices also coordinates directly with the Crisis Resolution Center to access the co-occurring beds for individuals they are working with who are in need of that level of treatment, participates in discharge planning and provides aftercare support. Families are encouraged to participate in the individual's recovery in all areas of the mental health and addictions treatment offered throughout the OHMS CCO region. For children in psychiatric crisis, a Manger from Options children's unit is consulted via the clinical crisis worker. If needed, a location for treatment is procured via one of the network of children's BRS, Treatment Foster Care, or Residential Treatment providers.

Evidence-Based Practices

OHMS also has a proven track record of coordinating and integrating physical and mental health care needs through collaborations with the Options adult services. Like the children's services, adult mental health services are heavily community-based and immersed in the "real world." In addition to therapy and evidence-based case management, Options provides integrated mental health, addictions and physical health care and coordination to high risk adults via its Assertive Community Treatment Team that places a high emphasis on outreach and engagement of treatment-resistant adults. Supported Employment via Options assist individuals in procuring competitive employment and Supported Education Services take place on the community college campus assisting adults return to school. Strengths Based Case Management Services, another evidence-based practice, works with the individual to determine and document historical and current areas of strength and achievement and develops "Personal Plans" tailored to help individuals utilize these strengths to move towards their identified goals.

PrimaryHealth's service providers including Options, Choices and Kairos (intensive children's services) have been at the forefront of the utilization of evidenced based practices through the years and will continue to utilize these practices. Current evidence-based practices in use include models such as Supported Employment, Supported Education, MATRIX, Strengths Based Case Management, Parent Management Training, Collaborative Problem Solving and Dialectic Behavioral Therapy for Adolescents. Choices and Options have a long shared history on projects involving mental health and addictions including SAMHSA projects addressing homelessness

and methamphetamine use. The longest running collaborative is the Functional Family Therapy Program, an evidence-based program that serves youth at high risk of juvenile crime/recidivism, substance abuse, and/or serious emotional/behavioral disorders.

OMHS CCO service providers including Options for Southern Oregon (behavioral health) and Choices (addictions treatment) have been at the forefront of the utilization of evidenced based practices through the years and will continue to utilize these practices. Current evidence based practices in use include models such as Supported Employment, Supported Education, MATRIX, Strengths Based Case Management, Parent Management Training and Dialectic Behavioral Therapy for Adolescents. Choices and Options have a long shared history on project involving mental health and addictions including SAMHSA projects addressing homelessness and methamphetamine use. The longest running collaborative program is the Functional Family Therapy Program, an evidence based program that serves youth at high risk of juvenile crime/recidivism, substance abuse, and/or serious emotional/behavioral disorders.

Some of these solutions were described above. Evidenced-based models utilized by PrimaryHealth's partners for child and adult services are heavily community focused, occurring in schools, homes, job site, etc, basically anywhere individuals spend their time.

These models, such as Assertive Community Treatment, WRAP and Dual Solutions (outpatient co-occurring treatments) were selected because of their success in keeping people as independent as possible, identifying and strengthening natural supports and supplementing them with case management and care coordination services.

Oral Health

A.3.6.e. Though dental care is not part of our initial CCO application, we plan to work with existing dental care organizations (DCOs) to collaborate on joint projects and develop a plan and timeline to integrate dental no later than July, 2014. Here is a draft timeline:

- July-September 2012: Include DCOs and dental providers (including school-based dental programs) in initial solicitation of projects to fund to achieve the Triple Aim
- October – December 2012: Invite DCOs to attend PrimaryHealth's board meeting(s) to discuss integration opportunities and challenges
- January-March 2013: CCO Board develops a plan for integration of dental
- April 2013-July 2014: Selection process and contract amendment to include dental, with the actual implementation date to be determined by the CCO Board.

A.3.6.f. In the interim, PrimaryHealth will build on the experience of its partners. Today, OHMS has supported dental care initiatives in several ways. Some of these include:

- Participated in education for primary care providers regarding dental care for pregnant women, and strategies for preventing childhood caries, such as arranging the first dental visit for their child at the age of one year.
- Maternity Case Managers monitor and encourage prenatal dental visits.
- Hospital dental services are coordinated between physical and dental health, and additional supports through the ENCC program are given to families that have utilized hospital dental care that requires sedation or anesthesia. Examples are multiple extractions for children or dental care of all ages with developmental disabilities that may not tolerate dental care in the traditional settings.
- Dental fluoride varnishes are encouraged in the pediatric medical setting.

- OHMS and the Siskiyou Dental Clinic (part of the FQHC) have collaborated at local health fairs to provide dental screenings and fluoride varnishes for children.

PrimaryHealth will coordinate additional oral health activities with Siskiyou Community Health Center which operates a low-cost dental program in Grants Pass and Cave Junction.

In cooperation with local dental providers, PrimaryHealth will continue to support these efforts and identify new approaches to coordinate care with behavioral health, physical health and the hospital to help improve access to essential oral health services. Possible work may include outreach and coordination of services for Members that have sought dental care in the emergency setting and working with Siskiyou Community Health Center, school-based clinics and local DCOs to establish a community-wide program that has specific targets for caries reduction for children.

Hospital and Specialty Services

A.3.6.g PrimaryHealth is committed to adequate, timely and appropriate access to hospital and specialty services for its Members. Initially, PRIMARYHEALTH will build upon existing processes in place with its partner OHMS.

Provider contracts include provisions that place responsibility on the provider to coordinate care for Members between hospital, long term care and home care. Many providers act as the attending doctor for their patients in the local hospital. The FQHC has specific arrangements with Hospitalist Providers for hospital admission and inpatient care. Coordination of services is already achieved through electronic portals that allow hospital providers access to PCPCH clinic EHR and clinic providers' real-time access to hospital records, lab and radiology results.

PrimaryHealth will coordinate with primary care and hospital discharge planners to facilitate successful transitions of care. Primary Care medical records are available real time via secure portal from the local hospital. Additional resources will be sought through ancillary agencies, such as social services if indicated.

Specialists are not currently connected to primary care through EHR. They coordinate with PCPCH by sending paper records. The PCPCH then scans the information into their electronic record. Steps will be taken during the first year of CCO operation to explore and facilitate a common secure network for the purpose of provider connectivity, such as the IRIS system currently being developed by the Portland IPA.

During the first year of CCO operations, the CAP may review service utilization information regarding both hospital and specialist referrals, and will solicit input and research best practices on effective referral systems. Based on this information, the CAP may make recommendations to the Board on potential changes to referral systems.

A.3.7 DHS Medicaid-Funded Long Term Care Services

A.3.7.a. PrimaryHealth staff has begun meeting with LTC AAA/APD stakeholders to develop an MOU between PrimaryHealth and Rogue Valley Council of Governments, the local APD office.

The initial MOU will address:

- *Identification and prioritization of high needs Members in LTC:*

As part of its preliminary CCO development efforts, LTC, PCPCH's and the CMHP have begun to develop a plan to share information about how individualized care plans will be created and communicated for each entity. Entities will first address and overcome barriers to sharing information related to the HIPAA Privacy Act. These entities have agreed to complete confidentiality agreements and/or Business Associate Agreements necessary to share information pertinent to collaborative case management and care planning.

Through case analysis, a common definition of “high risk” individuals will be established. Entities will systematically review the case examples to identify the most appropriate circumstances and process to follow for information exchange. Through the case examples, processes will be built and implemented to meet the needs of all entities.

For those that are determined to be “high risk,” the individual care plan will be shared between entities. In extreme cases, care team meetings between entities may be held to develop a common care plan and strategy.

- *Coordination around development of individualized care plans:*

PrimaryHealth will encourage the group to consider the use of best practices and alternative models for coordinating care. Strategies will build upon the strengths of a variety of community-based organizations and create systematic pathways for information exchange.

A process for sharing individualized care plans between PCPCH’s, PrimaryHealth staff, LTC, and other entities will be developed through case analysis in early meetings. Entities may work towards a central point of contact, or “communications hub.” The entities common goal is to maintain and share a comprehensive individual care plan, which reflects Member and caregiver preferences and is culturally sensitive. The care plan should reflect information about the supportive and therapeutic needs of each Member, personal health goals and measurable indicators of success.

The group will also address transitional care practices, strategies for Member engagement and the establishment of Member care teams. The group will evaluate new models for care coordination including the one being piloted locally at Highland House and Royale Gardens (SNFs) The model: The SNF will have an MD on site two days per week and a NP full time. Once a patient is admitted to the SNF, their primary care provider becomes that MD or NP at SNF. That provider assumes care while the patient in at the facility. If they need to be readmitted to the hospital, then the original PCP takes the patient back or the hospitalist covers the admission.

The agreements articulated in the MOU with APD will be assessed annually to determine if they have been effective in identifying “high risk” members, along with documenting the effectiveness of the strategies/processes agreed to by the various agencies. A summary report of the analysis between entities will be presented to the Community Advisory Council. AAA/APD and PrimaryHealth will share responsibility for the completion of this report.

Parties agree that the topics addressed the by group above will be rolled into the CAP and/or CAC priorities and expand over time. As previously mentioned, there will be a place on the CCO’s CAC and CAP for a LTC representative.

A.3.8 Utilization Management

A.3.8.a. Authorization for Acute Services

PrimaryHealth, initially through current OHMS staff, will conduct concurrent utilization review of inpatient and observation level of care. InterQual evidence-based guidelines will be used to ensure medical necessity is met and the patient is at the appropriate level of care. Concurrent review nurses will anticipate discharge needs and coordinate with Hospital discharge planners and LTC providers to facilitate seamless transitions between levels of care. PrimaryHealth staff and/or the Member’s PCPCH will coordinate with members of the healthcare team and community support system to create a custom support system as needed to serve each Member’s individual needs. Care planning will start as early as possible to ensure that there is adequate time, when possible, to coordinate between agencies for the ideal person-centered discharge plan.

Authorization for Ambulatory Levels of Care

There will be a prior authorization process in place for surgeries, DMS, specialty/high risk medications, and certain treatments to ensure they are covered under the benefit package.

Identifying Over and Under Utilization of Services

PrimaryHealth will conduct performance measurement in accordance with OHA standards, and use data to assess utilization of services. Patterns in utilization will be analyzed by the CAC and/or CAP to identify over and under utilization of services. If patterns are identified, an action plan will be developed by the CAC and/or CAP. Continued process improvement will be monitored on an ongoing basis.

PrimaryHealth will build on the reporting process in place with OHMS and CareOregon. An example of a reporting process in place at OHMS that reviews utilization patterns is a quarterly summary of ER utilization by member. The report lists Member ER visits by assigned PCP. The report is distributed to PCPs so they may see ER use patterns amongst their assigned patients. OHMS QI/UR Committee and ENCC staff monitor these lists for patterns of concern related to access and under/over utilization. If there are any concerns, these are either addressed at an individual member, provider, or PCP clinic level, as needed. OHMS also creates an aggregate report of ER visits/1000 Members/quarter and ER use by assigned PCP/1000 Members/quarter to identify additional trends and compare similar provider types and/or provider clinics. OHMS ER utilization is relatively low in comparison with other national data, but could still be improved over time.

Section 4 – Health Equity and Eliminating Health Disparities

A.4.1 PrimaryHealth will look to the CAC to provide vital information and guidance about developing a comprehensive plan to address health disparities. We expect it to include the following elements:

- A foundational understanding of the demographic characteristics of the CCO population, based not only on CCO data, but information from LTC, AAA/SPD, the county, and many other organizations.
- Collaboration with medical home providers to establish targets to achieve health equity, specifically for individuals with mental health diagnoses, as research shows shocking differences in life expectancy for individuals with mental illness.
- Identification of measures for cultural competency and equity, which must be comprehensive and not limited to traditional health outcome measures, but may include measures such as self-perceived well-being.
- Communication strategies with members that address “real-time” Member needs as well as systemic ways to address diverse populations.

It is imperative that Members with complex medical or social issues as well as those individuals who need additional support in understanding health care issues as a result of language or literacy barriers have their needs addressed. Conducting a population analysis annually provides us with the building blocks for understanding our Members. Through CareOregon, PrimaryHealth will have the ability to analyze data for health care disparities which can include a review by eligibility category, gender, age group, as well as race/ethnicity and languages. Outcome data (HEDIS) is reviewed for variations of practice on a provider level. Information is shared currently on an annual basis with the plan to increase the report sharing to quarterly.

CareOregon has developed a “Diversity Team” which was created to ensure that culturally appropriate communication is embedded in all aspects of the delivery systems to providers and Members. PrimaryHealth will work with the Governing Board, CAP, CAC, other Member committees, and OHA’s Office of Equity and Inclusion, sharing knowledge and resources from our diversity work throughout the state.

A.4.2. PrimaryHealth, through CareOregon, has the ability to analyze data for health care disparities which can include a review by eligibility category, gender, age group as well as race/ethnicity and languages. Currently CareOregon

utilizes a software program “CareAnalyzer” which provides an ability to track and report on quality measures. These reports also include demographic information about each Member, allowing for a holistic approach to health improvement. For example, CareAnalyzer can identify prescription drug usage for diabetics and then staff and committees can use this information to track and trend diabetic care for different ethnic groups, addressing the question of whether Latino individuals have different outcomes than Caucasians. CareAnalyzer is updated monthly which gives the ability to generate reports for a variety of HEDIS measures, including ones that involve mental health and substance abuse. Currently HEDIS measures being tracked and monitored for mental health and substance abuse are:

- Follow up After Hospitalization for Mental Illness(Medicare)
- Initiation and Engagement of Alcohol and other Drug Dependence Treatment
- Follow up Care for Children Prescribed ADHD Medication

CareOregon has conducted surveys of both physical and behavioral health providers as a way to understand the needs of both; focusing on communication and information sharing.

In order to ensure continuity and coordination of care of Members between medical and behavioral health, CareOregon (QIC) approved and implemented evidence-based guidelines for substance abuse screening. These are available for providers through the CareOregon website. Claims data has been used as a way to assess the frequency of this screening in the primary care clinics. Provider training in the use of the screening tools has been made available to the Primary Care Clinics as a way to support the process.

Outcome data (HEDIS) will be reviewed for variations of practice on a provider level. Information will be shared with CAP on a quarterly basis.

PrimaryHealth will work with its community partners to build on CareOregon’s expertise and assess a broader set of demographic measures, including ones focused on Members with severe mental health illnesses and/or disabilities, that are currently not reported on by CareOregon, OHMS or JBH.

Section 5 – Payment Methodologies that Support the Triple Aim

- A.5.1. The health care reform passed by the Oregon Legislature contains provisions to implement new payment systems that link payment to better health care outcomes, greater value and improved patient experiences. By aligning payment models across community (public and private) systems, spending can be addressed to make the health care system more affordable. Without aligned payment systems, doctors, mental health providers, clinics and hospitals are likely to continue to receive payments that are largely “value-blind” and to face a dizzying array of conflicting incentives, inconsistent reporting requirements, and disjointed administrative demands.

In an effort to go beyond “fixing” fee-for-service payments, the proposed legislation includes alternative models that link payments more directly to quality and outcomes. These models include bundled payments to cover the range of services related to a defined medical condition; global fees to cover the entire cost of care (regardless of the setting) over an extended period for a person with a condition such as cancer; extra payments for patient-centered primary care delivered through medical homes (i.e., Patient Centered Primary Care Homes); and the rewarding achievement of desired performances in caring for a defined population.

As discussed earlier in the RFA, currently, 90% of OHMS’ Members are assigned to a Tier 3 PCPCH, so we do not anticipate the need for developing tools or programs to encourage providers to embrace PCPCH principles in their clinics. However, PrimaryHealth will provide technical assistance to providers for the purpose of implementing and growing their capacity as “maturing” PCPCHs.

In the first year of operations, PrimaryHealth will largely continue the system currently in place by delegating a high percent of the physical health global budget to OHMS and the mental health global budget to JBH with the expectation that JBH will continue to capitate Options. These partners will be expected to coordinate and manage the provision of care locally within their defined budgets.

Currently OHMS pays its participating primary care clinics primarily capitation payments. This payment methodology supports the Triple Aim goals since it encourages providers to manage their panel's health using a variety of tools, rather than supporting a system that rewards providers solely based on the volume of office visits. Since most of the PCP clinics will also receive ACA-qualified patient dollars through PCPCH, we envision tremendous opportunity to enrich medical home development.

To create shared incentives across the provider community, CareOregon and OHMS are creating an "Innovation Fund" for the CCO to implement community solutions, including those that improve the coordination of care between physical and behavioral health services and address the social determinants of health. In the future, PrimaryHealth will work with its CAP and Board to develop additional payment policies, including those described above, to align incentives across its provider community and encourage "rewards" based on improved health outcomes, higher Member satisfaction and reduced system costs.

Section 6 – Health Information Technology

- A.6.1.a PrimaryHealth's Affiliate, CareOregon, and partner, OHMS, have health information technology (HIT) necessary to support data analytics, quality improvement and patient engagement activities.

CareOregon and OHMS currently house application systems that efficiently maintain and process Member enrollment, provider configuration, customer service call tracking, contracts, plan benefits, case management, claims adjudication, and utilization management, including web-based tools that support provider practices. The CareOregon application has the capacity to be expanded to include personal health records, EHR and medical home functionality. The current web functionality of both systems includes capability to send and receive secure communications between the plan and providers.

For example, OHMS has a program to receive electronic data from participating hospitals each day regarding plan Members using the emergency room the prior day. There is a process to then notify each primary care clinic of those Members, enabling real-time information to assist the PCP or CCO care management staff in reaching out to the Member to avoid future preventable ER visits.

PrimaryHealth will assess the HIT systems used by CareOregon, OHMS and its other major partners and develop a HIT strategy that identifies strengths and maximizes opportunities to improve efficiencies and reduce costs.

- A.6.1.b PrimaryHealth will promote adoption of EHRs within its network and participate in regional planning efforts with Jefferson HIE, a regional HIO in Southern Oregon. Providers are in varying stages of EMR implementation. Two of PrimaryHealth's participating primary care clinics, Grants Pass Clinic and Siskiyou Community Health Center, already use electronic health records, Allscripts and NextGen, and have achieved key elements of "meaningful use." Asante is implementing EPIC both in its inpatient and outpatient facilities and offering EPIC to provider groups not employed by Asante. To support improved electronic communication across community providers, Asante has purchased Medicity, a product that allows different HIT systems to share information like an "HIT highway". Although Medicity helps share information, providers are not able to incorporate the health information into their local systems making data mining difficult.

Our goal for the next 12-24 months will be to work with Jefferson HIE, O-HITEC and others to explore strategies to better integrate data from these clinics, AAA/SPD offices, hospitals, laboratories and imaging providers,

mental health, chemical dependency treatment providers, and other sources to integrate data in a way that furthers our Triple Aim goals, especially the goal of population health.

The purpose of O-HITEC is to furnish assistance, defined as education, outreach, and technical assistance, to help providers in Oregon select, successfully implement, and meaningfully use certified EHR technology to improve the quality and value of health care. Ensuring alignment of efforts with O-HITEC will be a key enabler of success for PrimaryHealth network providers to adopt and achieve meaningful use of EHRs. There are also providers within the network that are not eligible professionals under the EHR Incentive Program, such as mental health and chemical dependency treatment providers, who will need additional assistance to implement EHR technology. PrimaryHealth will facilitate a glide path towards adoption that will meet these rural providers where they are while assisting in selecting and implementing appropriate technologies. We have a regular provider survey and verification process that can be enhanced to include gathering information on EHR status, and enable appropriate follow-up. As mentioned above, CareOregon's current web functionality can be enhanced to include a certified EHR that can be made available to providers.

- A.6.1.c PrimaryHealth is committed to furthering HIE and ensuring our network providers have the ability to communicate with each other electronically. PrimaryHealth will create an HIE plan working with Jefferson HIE (our local HIO). Attendees of the Jefferson HIE meetings include representatives of Asante, OHMS, Grants Pass Clinic, Siskiyou Community Health Center, Medford Medical Clinic and MRIPA to name a few. The PrimaryHealth work plan will support the evaluation, selection and implementation of HIE such as CareAccord, the state's HIE administered by the Oregon Health Authority (OHA). CareAccord facilitates the secure exchange of health information between Oregon's health care organizations and providers, enabling the coordination of care for better health, better care and lower cost.

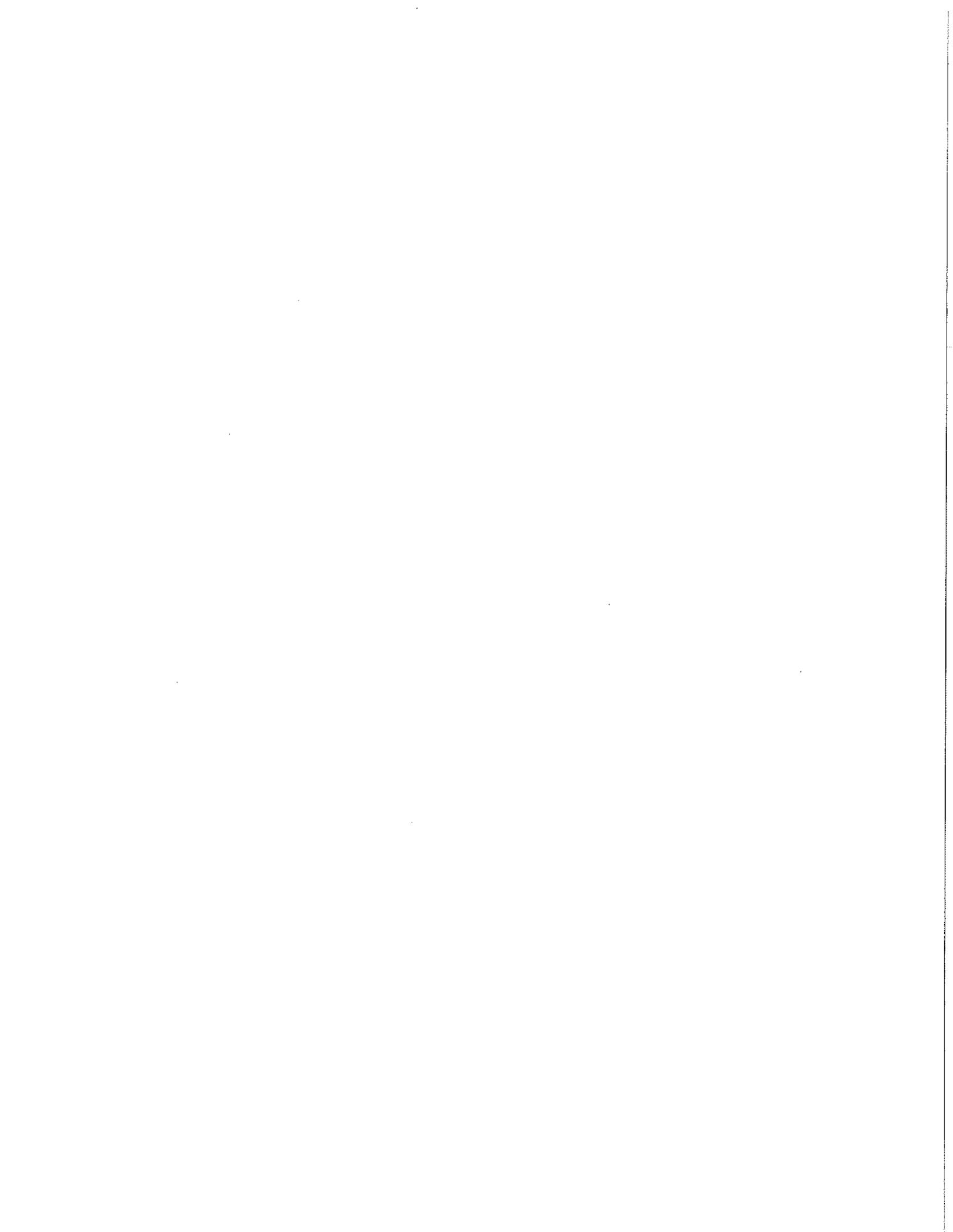
The first health information exchange service that will be offered is CareAccord Direct Secure Messaging, a no-cost secure email system using national standards. CareAccord will allow registered health care organizations and providers to use a secure web portal to electronically exchange patient information. Over time the capability to access Direct Secure Messaging will be built into electronic health record systems (EHRs).

Providers will be able to more easily communicate, improving care coordination. Providers will also have the capacity to share vital medical history with specialists, labs and emergency departments. Patients will benefit from primary care providers and specialists who can exchange medical information electronically prior to scheduled appointments, expanding the time providers have to talk with their patients.

Integrating behavioral health into the PrimaryHealth infrastructure will be an important step to improving health and lowering costs. PrimaryHealth will evaluate COMPASS, a system offered by AMH for behavioral health and chemical dependency treatment providers that allows for "cooperation and collaboration across treatment providers." Working with local providers, PrimaryHealth will evaluate whether or not introducing another HIT system improves or distracts from ability to share information. We recognize that the inability to integrate physical health and behavioral health information creates significant gaps in health records, potentially leading to fragmented, lower quality care. Being able to access and share complete patient health information, including both behavioral and physical health records (and eventually oral health) across clinical practice areas, enables the creation of a longitudinal and comprehensive patient record, which will be valuable in providing a complete picture of an individual's overall health and effective and efficient treatment. Careful attention is being focused on provider and patient education and consent, ensuring the rules governing the security and privacy of these records are observed.

PrimaryHealth is committed to coordinating an HIE plan with our partners and other CCOs in our local and adjacent communities. Our partners span several disciplines. The goal of PrimaryHealth will be to collaborate with other local and regional CCOs as well as our provider partners, many of which participate in more than one CCO, to coordinate the use of HIE to reduce administrative burden for providers, ensure more readily available

health information where and when it's needed, reduce duplicative services, improve community health and realize cost savings.



**PrimaryHealth of Josephine County, LLC
Appendix B – Provider Participation and Operations Questionnaire**

Section 1 – Service Area Capacity

PrimaryHealth of Josephine County (hereinafter PrimaryHealth) is applying for a service area consisting of Josephine County and five contiguous zip codes. PrimaryHealth is applying for an enrollment capacity of 13,000 Members.

Service Area Description	Zip Code(s)	Maximum Number of Members- Capacity Level
Josephine County	97497, 97523, 97526, 97527, 97528, 97531, 97532, 97533, 97534, 97538, 97543, 97544, 97497 and 97527	13,000
Douglas County	97410 and 97442 as contiguous zip codes.	
Jackson County	97525, 97527, 97530 and 97537 as contiguous zip codes.	

Section 2 – Standards Related to Provider Participation

Standard #1 - Provision of Coordinated Care Services

PrimaryHealth, through its Affiliate CareOregon and partners, including OHMS, Options and JBH, has a comprehensive and integrated network of physical health, mental health, addictions delivery system that serves the Medicaid and dually eligible Member s. The current panel of providers builds on the existing participating provider lists provided by OHMS (physical health and additions) and JBH (MHO) and Options (CMHP). Please see the attached lists of Participating Providers (Table B-1) for more detail. As mentioned earlier in RFA, PrimaryHealth will also have MOUs in place with county public health and long term care providers to ensure that services are coordinated across the system of care for those services provided outside the global budget. PrimaryHealth will develop a plan to address any deficiencies identified through the community needs assessment or planning efforts of the CAC and CAP.

PrimaryHealth will be evaluating strategies to increase the use of Community Health Workers, Peer Wellness Specialists, and/or Heath Navigators into its local care delivery system. We will provide more information regarding these roles at the Readiness Review.

Standard #2 - Providers for Member s with Special Health Care Needs

Josephine County community has a sufficient concentration of providers and specialists with the skills necessary to provide comprehensive, coordinated care to individuals with special health care needs. Provider locations and services span the Josephine County region, including referral services into Jackson County, and work closely as contracted partners in providing care for our vulnerable populations. Local Internal Medicine physicians have expertise working with seniors with multiple complex healthcare needs. In addition to the provider panel offered in Josephine County, both CareOregon and OHMS have contracts with PrimeCare, a multi-specialty IPA based in Jackson County. The PrimeCare panel significantly broadens the range of specialists available to PrimaryHealth Member s. We will learn more about needed services in the community through our community needs assessment and our initial planning work with organizations providing mental health, long term care, disabilities services, children’s services and other essential services to our Medicaid and vulnerable populations.

Also, as a Community Mental Health Provider, Options’ providers include a continuum of specialists that care for those with mental illness including psychiatrists, nurses, licensed social workers, Qualified Mental Health Professionals and Qualified Mental Health Associates (case managers and skills trainers) and Peer Support

Specialists. All have training and experiences in treating adults and children with serious mental illness and coordinating care for their other medical needs. Some have specific training in treating those with co-occurring mental health and chemical dependency disorders.

During the first year of operation, PrimaryHealth intends to: 1) better incorporate local organizations, such as the local SPD and AAA offices, schools, and child welfare, into physical health care management activities at a local level, like Options have done; and 2) integrate care management activities of OHMS, JBH and Options so that it is seamless to the Member and provider community, ensuring that data and information is transitioned efficiently and effectively while ensuring CCO Member confidentiality and rights under HIPAA and Oregon state law.

Standard #3 – Publicly Funded Public Health and Community Mental Health Services

Please see attached document 1h(3b). **Publicly Funded Programs – PrimaryHealth** for a list of publicly funded health care and service programs in Josephine County.

- 3a. OHMS and CareOregon have actively engaged a collaborative group of Josephine County stakeholders, including JBH, Options, Siskiyou Community Health Center, Rogue Valley Council of Governments and Three Rivers Hospital in the development of aspects of this RFA. OHMS and CareOregon hosted a stakeholder meeting that included representation from publicly funded health care and services programs including public health, mental health, chemical dependency and long-term care. Additionally, each of these entities have been engaged and participated in the development of the application

PrimaryHealth met with Rogue Valley Council of Governments and the Josephine County Public Health Department during the development of this RFA to discuss components of care under their programs and where they might intersect with CCO funded programs. A representative from public health will serve on PrimaryHealth's Community Advisory Committee and will provide leadership in the PrimaryHealth Community Needs Assessment and the Community Health Improvement Plan.

- 3b. OHMS, as PrimaryHealth's local contracted partner, has extensive and positive experience in contracting with Josephine County and does not anticipate any barriers with contract development and execution. Agreements with Josephine County for involvement in community health assessment, authorization of and payment for point-of-contact services and for cooperation with local mental health authorities will be complete by the Readiness Review.
- 3c. PrimaryHealth is currently working through provisions of mental health services, including an agreement with JBH, and fully expect to have signed agreements with Josephine County, for mental and public health services, and JBH by the Readiness Review.

Standard #4 - Services for the American Indian/Alaska Native Populations (AI/AN)

- 4a. PrimaryHealth's partners in Josephine County and members of its provider network currently provide care to a small number of American Indian and Alaskan Native individuals. Currently, there is no tribal facility in our service area. However, PrimaryHealth clients who are members of a federally recognized Indian Tribe may access health-care services at a Tribal Health Center outside of the usual service area, such as the facility in Klamath County, pursuant to OAR 410-120-1230 and as provided under Public Law 93-638. Exceptional Needs Care Coordinators (Case Managers) will oversee requests for primary care in these settings to ensure that there are no barriers to care coordination, client choice and access to Indian Health Services.

PrimaryHealth is committed to strengthening relationships and providing culturally competent care to this historically underserved community. Key areas of work may include increased access to care; connecting clinical care to Native cultures, traditions, and languages; addressing issues of trust; and increasing understanding of the impact of social determinants of health on health status and appropriate treatment plans for this community.

Standard #5 - Indian Health Services (IHS) and Tribal 638 Facilities

5a. PrimaryHealth's local partners OHMS, JBH, and Options have limited experience working with IHS or tribal facilities, as there are no facilities or participating providers of this nature in the Josephine County service area. However, when needed, Member services for clients that are members of a federally recognized Indian tribe are coordinated at regional tribal clinics, such as the Klamath Tribal Health and Family Services Wellness Center located in Chiloquin, or the Cow Creek Health and Wellness Center located in Roseburg. Clients that are members of a federally recognized Indian tribe may choose to obtain healthcare services through IHS or Tribal 638 facilities. When these services are requested by a Member or their representative, coordination of IHS services is completed by the Exceptional Needs Care Coordinator (ENCC). The ENCC processes the request for prior authorization or referral for IHS in accordance with OAR 410-120-1230 and ensures that a comprehensive plan is in place that will meet the individual needs of the Member, from both a physical and cultural perspective.

Standard #6 - Integrated Service Array (ISA) for Children and Adolescents

6a. PrimaryHealth will build on the ISA for children developed through partners JBH and Options. Our goal is to better integrate those services with physical health providers (especially primary care and addiction treatment providers) within the first year of CCO operation. JBH, through Options, has a range of contracts with ISA providers including residential and day treatment providers. Options has a history of providing care coordination and Intensive Community-based Services and Supports (ICTS) for children with serious emotional disorders. The identification of children and youth who would benefit from the ISA will be informed by the level of service intensity indicated by the ECSII or CASII composite score and additional risk factors. Children and youth with the most serious mental health needs will be prioritized for the ISA in order to maximize the benefit of available resources. This program will continue in the future under the direction of a coordinated effort between Options and PrimaryHealth.

6b. Options has established experience in the development and implementation of an ISA system that includes representation from medical providers, child welfare, juvenile justice, education, families and community partners. There are multiple existing inter-organizational committees, work groups and advisory groups that address issues such as family involvement, community resources, and collaborative work across agencies, information sharing and education. PrimaryHealth will develop communication systems to ensure that these efforts are shared with its CAC and CAP. As described in Appendix A, A.3.4.b, PrimaryHealth's service area also holds one of the three demonstration sites for Oregon's Statewide Children's Wraparound Initiative.

The range of services and supports coordinated via the child and family care coordinator and convened at child and family team meetings runs the gamut of individuals involved in a child and family's life including medical providers, school teachers and counselors, child welfare, grandparents and siblings, peer support staff, faith based personnel and so forth. All individuals come together to form a plan and participate in the plan to help the child and family progress towards their goals. The care coordinator ensures that the resources are in place and keeps the child and family and the rest of their support system on track to meeting their goals.

6c. Options has a commitment to family driven models services. Their behavioral providers support the service principle that families, surrogate families and legal guardians of children should be full participants in all aspects of the planning and delivery of services. Strong interagency collaboration creates seamless service for youth, and provides family-centered services to help de-fragment children's lives. The child and family team creates individualized plans to help ensure that children and their families receive culturally sensitive services in their communities, at home and at school. PrimaryHealth is committed to ensuring that the ISA that has been developed in the service area remains intact and continues to thrive.

Standard #7A - Mental Illness Services

7Aa. PrimaryHealth is dedicated to the concept of integration between mental and physical health. This will be provided through partnering with JBH and Options. JBH, through its contract with Options, has a complete and

comprehensive delivery system throughout the region. JBH successfully meets and exceeds all requirements of the current state plan and the new service enhancements outlined in the State's 1915(i) waiver through its array of 50 contracts, a utilization management system, a quality assurance system and a community committee structure,

To provide community-based mental health services, PrimaryHealth will primarily work directly with our local CMHP, Options. Options maintains a full panel of mental health services to support independent living. Options provides community-based services and support for its adults through a variety of evidence-based programs. Services include Assertive Community Treatment, Strengths Based Case Management and care coordination, therapy, skills training, psychiatric evaluations, medication monitoring, housing support, Mental Health Court, Supported Employment, and Supported Education. For children, community services and supports are provided through general outpatient services and the ICTS program which provides care coordination and wraparound services through Child and Family Team meetings, case management, skills training and wraparound supports for children with serious mental illness. Options is currently providing services to individuals covered under the State's 1915(i) SPA as described in Appendix A, Provision A.3.5.3.

In addition, services will be coordinated with Siskiyou Community Health Center (FQHC), which provides mental health services at its primary care facility using a psychiatric nurse fractioned and mental health therapists. This model, described in Appendix A 3.6.d, is being expanded to the FQHC's Cave Junction clinic and may be a model that other primary care providers consider.

- 7Ab. Members are screened for mental health conditions at multiple points, through the provider network and in the community. This occurs at time of enrollment with Medicaid, in primary care provider offices, at addictions and mental health provider programs, in the schools via mental health and chemical dependency counselors, at corrections and juvenile justice, Head Start and other community based services and programs.

Primary Care: PrimaryHealth will specify in the primary care provider contract the expectation for a mental health screening to be completed at intake, annually, and as needed, building on the screening work DMAP has already promoted. Providers may use assessment tools such as the PHQ-9 to assess for mental health concerns. When mental health needs are identified, providers are expected to treat the conditions in accordance with medical best practices, and offer and coordinate a referral to Options. Treatment in the primary care office may include on-site integrated behavioral health or medication therapy and monitoring. OHMS and Options are in discussion about co-locating mental health services on-site at Grants Pass Clinic. Co-location will assist in providing early detection and intervention. This model has been successfully implemented at Siskiyou Community Health Center.

Mental Health: The various mental health providers in our service area provide a wide range of home and community based services focused on recovery, and supported services that address chronic issues and acute issues and help keep individuals in their homes. The use of outreach case management ensures that individuals are linked to necessary services and supports and ensures that they make vital appointments with health care providers. Peer specialists coach individuals regarding lifestyle choices and expose them to a wealth of community opportunities such as health programs, volunteering and education that promote good quality of life for people. Skills trainers work with adults, children and families to train on parenting skills and activities of daily living skills such as budgeting and using public transportation. These skills promote self-reliance, improve self-esteem and lead to the acquisition of other resources such as work and education that enable individuals to become more self-sufficient. Our providers use professionals in non-traditional ways, for example, outreach psychiatric nursing to teach and monitor medication use and promote healthy habits. PrimaryHealth recognizes the value that such services offer in maintaining people in the community and out of more restrictive, intensive and expensive health care services.

In addition, JBH is involved in the development of an Early Psychosis Intervention Project, to bring early intervention services to Southern Oregon. These would include screenings at first evidence of mental health disorder symptoms, often in a physician or emergency room setting, and protocols for immediate family and community based interventions designed to minimize the disability associated with mental illness. Screenings for substance abuse

already occur within the Comprehensive Mental Health Assessment that takes place when an individual is assessed for mental health services.

Health Plan: In addition to screening and referral conducted at the PCP or mental health office, PrimaryHealth will conduct independent screening of Members via modalities such as a health assessment survey that will be mailed to all Members at the time of enrollment. CareOregon currently has a validated health risk assessment that we expect to deploy through PrimaryHealth. When mental health concerns are identified, PrimaryHealth will assist Members with a referral to Options. The Exceptional Needs Care Coordinator (ENCC) assists Members with demonstrated patterns of utilization that may be associated with behavioral health needs with engagement with Options. At times, PrimaryHealth and Options will work together to offer mental health services to the Member. The PrimaryHealth Maternity Case Manager (MCM) conducts an initial screening for women engaged in the MCM program for mental health concerns. If a positive screening occurs, the MCM assists the Member with a referral to Options, and monitors the status of that referral at subsequent visits. In addition, the MCM provides referral to Options later in the pregnancy or after delivery if mental health needs, such as postpartum depression are identified. Screening is also conducted by the OB provider in the clinic setting. Finally, Members will be educated about the availability of mental health services, and will be instructed on the process for self-referral for services.

JBH, Options and OHMS are committed to working with PrimaryHealth and other community providers to improve on these processes and take proactive steps to reduce costs and enhance care opportunities to improve patient outcomes.

Standard #7B - Chemical Dependency Services

7Ba. PrimaryHealth will provide community-based chemical dependency services to Members through a panel of local providers. A full spectrum of outpatient chemical dependency services will be offered through Choices Counseling Center, which is owned and operated by Oregon Health Management Services. Choices offers several treatment options, and has groups for men, women, teens/adolescents, and for people with a combination of mental health and chemical dependency needs. These programs are all delivered in a culturally sensitive manner.

Options offers intensive chemical dependency services for Members with dual diagnosis that have complex mental health conditions, and would not be serviced by the traditional outpatient model of services. In addition, Options offers limited sub acute services at the Crisis Resolution Center. Options providers conduct screening examinations at the local ER or inpatient unit to assist in the transfer of appropriate candidates for treatment in this setting, thus avoiding expensive and unnecessary hospital care during stabilization and crisis. Currently, Options and Choices are well connected and coordinate service referrals between agencies. Choices also coordinates referrals/authorization for services for replacement therapies, such as Suboxone and Methadone dosing. In addition, Choices is responsible to assist and coordinate residential placements when necessary.

7Bb. Primary care providers are expected to screen all PrimaryHealth Members for chemical dependency concerns at the first visit, annually, and as needed. These expectations are clearly stated in PrimaryHealth policy and procedure and in the provider contracts. Providers are encouraged to utilize evidence-based screening tools, such as SBIRT or CAGE. Assistance with development of the SBIRT tool will be addressed by PrimaryHealth as part of PCPCH development.

Screenings are also conducted outside of the Primary Care setting. Through the work of the Josephine County Perinatal Task Force (PNTF), all pregnant women in Josephine County undergo a specific substance abuse screening. This screening is carried out by the OB care provider or provider's designee. Results are reported and aggregated by the local PNTF to evaluate substance abuse by pregnant women. OHMS and Choices have been Members of the PNTF since its inception, and PrimaryHealth will be involved as a Member in the future.

In addition, the OHMS MCM conducts a substance abuse screening/referral as part of the MCM intake assessment. PrimaryHealth has policies that require a Chemical Dependency screening and assessment for clients with patterns indicating substance abuse. Screening tools, such as SBIRT, are strongly encouraged and will be further promoted

through the CCO. PrimaryHealth, through concurrent hospital utilization review, will coordinate outreach via Choices for inpatient Members treated for overdose and/or Members that are inpatient with chemical dependency resource needs. PrimaryHealth will conduct independent screening of Members via modalities such as a health assessment survey that will be mailed to all Members at the time of enrollment. When chemical dependency concerns are identified, PrimaryHealth will assist Members with a referral to chemical dependency organizations, like CHOICES.

Exceptional Needs Care Coordinators (ENCCs) or care managers will be used to engage Members over-utilizing services to improve outcomes by coordinating care and communication between all providers a Member is seeing and developing community plans and interventions to meet the care needs for the Member.

Standard #8 - Pharmacy Services and Medication Management

8a. PrimaryHealth Affiliate CareOregon and partner OHMS have both provided a prescription drug benefit to Members under past contracts and have policies and procedures in place to ensure that prescription drugs are provided to treat covered conditions. PrimaryHealth will use the existing OHMS pharmacy benefit manager, MedImpact, as well as MedImpact's formulary, pharmacy network, and pricing arrangements for our CCO. Therefore, we will have no significant transition issues for our CCO Members on implementation. Over time, we will look at ways to enhance this program, working with the CAP and CAC.

8b. OHMS has created a custom formulary that offers the lowest cost, effective treatments in each category. The formulary is reviewed on an annual basis and as needed to ensure that there are FDA approved drug products for each therapeutic class, including over-the-counter options. OTC meds are available with an Rx from the PCP. Most drugs on the medication formulary, like most antibiotics, do not require prior authorization. Some drugs do require prior authorization to ensure that they are being utilized in clinically appropriate ways. Prior authorization criteria are based on medical evidence and OHP Rules and Guidelines. The prior authorization is sent to OHMS and reviewed based on specific prior authorization criteria. Generally, non-formulary options are allowed if there is evidence that the formulary option has failed and/or there are contraindications to the formulary option so long as the request is within the scope of all OARs (such as not an experimental treatment).

PrimaryHealth will not outsource prior authorization processing. Patterns of prior authorization are reviewed periodically to reduce administrative burden between the pharmacy and the health plan and reduce delays for Members. OHMS formulary and drug benefits are programmed to ensure effective utilization controls for both the OHP benefit package and to promote safe use of the medication. In the future, the CAP will oversee the development and monitoring of evidence-based guidelines.

8c. PrimaryHealth and the PBM, Med Impact, maintains a nationwide network of pharmacies, including most chains and local pharmacies to ensure that Members have adequate access to conveniently located pharmacies. In addition, several pharmacies operate outside of traditional business hours. All pharmacies and providers are given copies of the OHMS/PrimaryHealth formulary with each revision and as needed. The PrimaryHealth formulary will also be posted on the PrimaryHealth website to ensure formulary access to Members, providers, and pharmacies.

Utilization tools such as prior-authorization, step-therapy, quantity limits, age and drug interaction edits and other quality interventions are used and updated regularly, based on reviews by physician and non-physicians specialists of the latest research. Providers can access information on how to submit a prior authorization (PA) request, including the PA form, online or by calling Member Services. PrimaryHealth will build upon the expertise of OHMS and CareOregon in the delivery of the pharmacy benefit.

8d. OHMS partners with MedImpact to provide real-time electronic claims adjudication at the point of sale. Each pharmacy in MedImpact's pharmacy network is set up with the capability to submit claims electronically. All claims information submitted by the pharmacy is reviewed by MedImpact's system and processed based on Member eligibility, benefit configuration and pharmacy network reimbursement rates. Network pharmacies are reimbursed

retrospectively for all approved adjudicated claims within federal or state timelines. This information contains relevant clinical information such as 11-digit NDC, AWP price, days supply, quantity and all applicable benefit, accumulator and prior authorization information.

MedImpact provides coordination of benefit ("COB") claims processing services that conform to CMS regulations. MedImpact uses the defined coverage codes and associated coordination of benefit data elements when pharmacies submit an electronic claim for a Member with secondary or tertiary prescription coverage. This allows multiple other payer paid amounts to be considered in the electronic processing of the claim, thereby reducing the total cost to the client for amounts already covered under the primary insurers.

- 8e. OHMS currently processes all pharmacy prior authorizations in house manually. This will continue under PrimaryHealth. Prior authorizations are processed in accordance with OAR for timeliness of processing. When needed, PrimaryHealth will obtain necessary information from the provider to ensure that all pertinent information is considered along with the request. If needed, the request is forwarded to a person, such as doctor, with the clinical expertise needed to make the decision. See also section 8 (b).
- 8f.

Section 8f Redacted

- 8g. Siskiyou CHC operates a 340B pharmacy at its clinic site. OHMS is currently working with MedImpact to implement a 340b program that would allow PrimaryHealth to utilize 340B pricing at multiple pharmacy sites through virtual inventories. This system would allow savings for Members whose primary care is provided by FQHCs, even if they are not filling drugs at the 340B pharmacy so long as the pharmacy participated in the virtual program. Siskiyou received federal funds to expand its pharmacy program at its Cave Junction clinic.
- 8h. Medicare Part D plans, such as CareOregon Advantage, are required to measure and report MTM program outcomes to CMS. PrimaryHealth does not currently have a defined MTM program, but will build on the CareOregon Medicare experience as the foundation for the local MTM program for PrimaryHealth Members. We will initially use the CareOregon MTM policies and procedures, as revise as needed under the direction of the Clinical Advisory Panel. PrimaryHealth anticipates the involvement of PCPCHs in this process. Also, PrimaryHealth would look to Siskiyou CHC as a partner with expertise in this process, as it already operates an onsite 340(b) pharmacy. Siskiyou includes its pharmacist as a member of the care team and is already integrating MTM services into the clinic model.
- 8i. Most PrimaryHealth PCPs currently utilize e-prescribing, and we will look for ways to enhance the use of e-prescribing with specialty care providers, as well as LTC organizations and participating mental health providers. We will do so during the first year of operation, working with the PBM and the clinical advisory panel.

Standard #9 - Hospital Services

- 9a. Primary Health will utilize the existing OHMS provider network for the delivery of inpatient and outpatient hospital services in and out of the service area. PrimaryHealth's preferred hospitals will be Asante Three Rivers Community Hospital (TRCH) and Asante Rogue Valley Medical Center. OHMS and CareOregon both have a long and productive working relationship with Asante. TRCH is the only community hospital located in Josephine County. PrimaryHealth

ms will have full access to services offered at TRCH, in accordance with the OHP benefit package, and other than the scope of services approved in the OHP benefit package; there shall be no other restrictions on the services offered as compared to others within the service area.

Many services not available at TRCH are offered at nearby Rogue Valley Medical Center (in Medford, OR), such as NICU, dedicated pediatrics, specialty services, and inpatient rehabilitation. Services not available locally, such as transplants, will be referred to another qualified facility. If necessary, PrimaryHealth will utilize statewide contracts that CareOregon and JBH have in place. However, experience in Josephine County indicates that most out-of-area hospital services are limited to transplants and specialized trauma services. For coordination of services for those hospitalized for acute mental health conditions, see Appendix A, sections A.1.4.b and A.3.4.a.

- 9b. Access to hospital services will be monitored through evaluation of ER and inpatient claims, hospital utilization review, and the grievance process, building on existing OHMS' processes. In addition, we will work with the hospital to review admission diagnoses, use of the ER, and other hospital services to develop programs that work toward the goal of delivering health care at the right place at the right time in the right way.

OHMS' ENCC currently provides outreach including phone calls and letters to Member s that are inappropriately accessing the emergency care system. When appropriate, actions are taken to connect individuals to PCP, community resources such as DHS, or mental health or chemical dependency providers. We will build on OHMS' current outreach efforts and explore other programs (e.g., CareOregon's Intensive Community Care Team (ICCT) approach, health navigators located in ED) based on recommendations from the governing body, the CAC, and the CAP. We will build on existing OHMS and CareOregon experience monitoring hospital and ER utilization in PrimaryHealth programs.

- 9c. CareOregon and OHMS already comply with the requirements of SB204 to adjudicate claims based on Medicare guidelines, including the requirements for non-payment of adverse events and hospital-acquired conditions.
- 9d. CareOregon and OHMS currently monitor readmissions but do not have current policies that deny readmissions, as the reasons for readmissions are complex. PrimaryHealth does plan to implement incentive plans with participating hospitals that have joint accountability to reduce preventable readmissions. One innovative strategy which PrimaryHealth will consider is to build readmissions into the existing payment model so that the hospital and plan both benefit from reducing readmissions. Such an arrangement has been implemented at Geisinger Clinic in Pennsylvania and other organizations throughout the country. PrimaryHealth will also build on existing CareOregon transitions programs, working with the CAP on how to best implement. One such program follows all Member s for 30 days after discharge when a diagnosis with high readmission rates, such as congestive heart failure, is present.
- 9e. Both CareOregon and OHMS' have claims adjudication systems calculate the appropriate IPPS payment for DRG facilities, including outlier payments for DRG facilities. Initially this function will be delegated to OHMS. PrimaryHealth will evaluate the two systems and make a recommendation regarding the best ongoing to adopt for use over time within first year of contract. PrimaryHealth will expand existing programs to include information available regarding ambulance and ED/Urgent Care use, and expand our work in Member education in these areas.

Section 3 – Assurances of Compliance with Medicaid Regulations and Requirements

PrimaryHealth's Affiliate, CareOregon, has policies and procedures that address all fourteen (14) Medicaid Assurances listed in Attachment 6: Attestations, Assurances and Representations. The Affiliate and partners will blend existing policies in order to continue to achieve the participation and provider assurances they can currently provide. These policies and procedures are consistent with the requirements set forth in 42 CFR, the Oregon Revised Statutes and Administrative Rules. These policies and procedures have also successfully met criteria for NCQA commendable accreditation and the Medicare program through CMS. CareOregon will be responsible for submitting and receiving transactions from the state, and has a long-standing relationship with DMAP as a leader in efficient and timely implementation of electronic HIPAA transaction standards.

Applicant Name: PrimaryHealth of Josephine County, LLC
CareOregon Participating Provider Table

contractorname	lastname	firstname	phyaddr
CareOregon	ADAPT -JOSEPHINE COUNTY		418 NW 6th St
CareOregon	ALLERGY & ASTHMA CENTER OF SOUTHERN OREGON		869 NE 7th St
CareOregon	APOGEE MEDICAL GROUP PC - RAMSEY AVE		500 Ramsey Ave
CareOregon	APLEGATE VALLEY FAMILY MEDICINE LLC		8600 New Hope Rd
CareOregon	DUNCAN	JOAN	8600 New Hope Rd
CareOregon	FOGG	ROGER	8600 New Hope Rd
CareOregon	PIKE	DARLENA	8600 New Hope Rd
CareOregon	APRIA HEALTHCARE - DME		1590 NE 7TH ST
CareOregon	ASANTE FRACTURE CLINIC		1505 NW Washington Blvd
CareOregon	HUGHES	DANIEL	1505 NW Washington Blvd
CareOregon	PERRY	BRUCE	1505 NW Washington Blvd
CareOregon	WITCZAK	JOHN	1505 NW Washington Blvd
CareOregon	ASANTE SURGICAL ASSOCIATES GRANTS PASS		520 SW Ramsey Ave Ste 205
CareOregon	AZAR	NABIEL	520 SW Ramsey Ave Ste 205
CareOregon	MARTIN	AARON	520 SW Ramsey Ave Ste 205
CareOregon	ALBRIGHT	DALE	500 SW Ramsey Ave
CareOregon	ANDERSON	KEITH	500 SW Ramsey Ave
CareOregon	ASANTE THREE RIVERS COMMUNITY HOSPITAL		500 SW Ramsey Ave
CareOregon	BAKER	WHITNEY	500 SW Ramsey Ave
CareOregon	BANNING	CLINTON	500 SW Ramsey Ave
CareOregon	BARONE	ROSEMARIE	500 SW Ramsey Ave
CareOregon	DAUTERMAN	KENT	500 SW Ramsey Ave
CareOregon	EOFF	JANET	500 SW Ramsey Ave
CareOregon	ERNEST	JAMES	500 SW Ramsey Ave
CareOregon	FAGERT	MATTHEW	500 SW Ramsey Ave
CareOregon	FIELD	KEVIN	500 SW Ramsey Ave
CareOregon	GERSMAN	CATHERINE	500 SW Ramsey Ave
CareOregon	GIESEN	JAMES	500 SW Ramsey Ave
CareOregon	GROENHOUT	EDWARD	500 SW Ramsey Ave
CareOregon	HALL	JENNIFER	500 SW Ramsey Ave

03+000CareOregon Participating Provider Table

03+000PrimaryHealth of Josephine County

contractorname	lastname	firstname	phyaddr
CareOregon	HOWARD	DOUGLAS	500 SW Ramsey Ave
CareOregon	HUGHES	DANIEL	500 SW Ramsey Ave
CareOregon	HUTH	MARK	500 SW Ramsey Ave
CareOregon	JENSEN	KEITH	500 SW Ramsey Ave
CareOregon	LEBLANC	THOMAS	500 SW Ramsey Ave
CareOregon	LOELIGER	ERIC	500 SW Ramsey Ave
CareOregon	MARCHINI	CARLOS	500 SW Ramsey Ave
CareOregon	MORAN	MARK	500 SW Ramsey Ave
CareOregon	PERSONIUS	BRADLEY	500 SW Ramsey Ave
CareOregon	PROCKNOW	DAVID	500 SW Ramsey Ave
CareOregon	RIGDON	SCOTT	500 SW Ramsey Ave
CareOregon	RIST	PETER	500 SW Ramsey Ave
CareOregon	RONDEAU	MARK	500 SW Ramsey Ave
CareOregon	ROSS	CHARLES	500 SW Ramsey Ave
CareOregon	SCHROEDER	SHELISA	500 SW Ramsey Ave
CareOregon	SILL	BENJAMIN	500 SW Ramsey Ave
CareOregon	SINCLAIR	RONALD	500 SW Ramsey Ave
CareOregon	SMIRICKY	LAURA	500 SW Ramsey Ave
CareOregon	SOLAR	PHILLIP	500 SW Ramsey Ave
CareOregon	VILLONA	BARBRA	500 SW Ramsey Ave
CareOregon	WRIGHT	TATYANA	500 SW Ramsey Ave
CareOregon	ARORA	TARANDEEP	500 SW Ramsey Ave
CareOregon	ASANTE TRCH PROFESSIONAL SERVICES		500 SW Ramsey Ave
CareOregon	HUTH	MARK	500 SW Ramsey Ave
CareOregon	MEHTA	RAHUL	500 SW Ramsey Ave
CareOregon	PATTERSON	BRUCE	500 SW Ramsey Ave
CareOregon	SMIRICKY	LAURA	500 SW Ramsey Ave
CareOregon	WRIGHT	TATYANA	500 SW Ramsey Ave
CareOregon	AUDIOLOGY ASSOCIATES OF SOUTHERN OREGON		1867 Williams Hwy Ste 105
CareOregon	BERG	C STACEY	1867 Williams Hwy Ste 105
CareOregon	CASCADE EYECARE CENTER PC		1226 NE 7th St
CareOregon	DAVIDIAN	JAMES	1226 NE 7th St
CareOregon	LEAVITT	RODNEY	1226 NE 7th St

contractorname	lastname	firstname	phyaddr
CareOregon	LEAVITT	RUSSELL	1226 NE 7th St
CareOregon	MAFFETT	MARK	1226 NE 7th St
CareOregon	MERRITT	DOUGLAS	1226 NE 7th St
CareOregon	CASCADE SURGERY CENTER LLC		120 NE Manzanita Ave
CareOregon	SCHULTZ	PAUL	120 NE Manzanita Ave
CareOregon	BARRUS	LOREN	1022 NW 6th St
CareOregon	CATARACT & LASER INSTITUTE OF SOUTHERN OREGON		1022 NW 6th St
CareOregon	SCHULTZ	PAUL	1022 NW 6th St
CareOregon	EYE CARE GROUP OF SOUTHERN OREGON		335 Caves Hwy
CareOregon	GREENE	DAVID	520 SW Ramsey St Ste 201
CareOregon	HEHN	SEAN	520 SW Ramsey St Ste 201
CareOregon	HEMATOLOGY ONCOLOGY ASSOCIATES		520 SW Ramsey St Ste 201
CareOregon	KOHLER	SUSAN	520 SW Ramsey St Ste 201
CareOregon	POISSON	BRETT	520 SW Ramsey St Ste 201
CareOregon	RIZVI	MUJAHID	520 SW Ramsey St Ste 201
CareOregon	TAYLOR	SANDRA	520 SW Ramsey St Ste 201
CareOregon	WASHBURN	LORRAINE	520 SW Ramsey St Ste 201
CareOregon	FELTZIN	JOYA	715 NW Dimmick St
CareOregon	JOSEPHINE COUNTY PUBLIC HEALTH		715 NW Dimmick St
CareOregon	SHAMES	JAMES	715 NW Dimmick St
CareOregon	LINCARE INC		1610 NE 7th St
CareOregon	LEMLEY	CRAIG	881 NE 7th St
CareOregon	MEDICAL EYE CENTER INC GRANTS PASS		881 NE 7th St
CareOregon	OREGON RETINA SPECIALISTS		1876 Williams Hwy Ste 107
CareOregon	WANG	YUJEN	1876 Williams Hwy Ste 107
CareOregon	PACIFIC PULMONARY SERVICES		1634 SE N St Ste 5F
CareOregon	GRANT	PETER	1100 NE 7th ST Bldg C
CareOregon	PETER A GRANT		1100 NE 7th ST Bldg C
CareOregon	GONZALES	CHRISTINE	1019 7th St
CareOregon	RETINA & VITREOUS CENTER		1019 7th St
CareOregon	RODDEN	WILLIAM	1019 7th St
CareOregon	BOURKE	KARYN	1236 NE 7th
CareOregon	RETINA CARE CENTER		1236 NE 7th

03+000CareOregon Participating Provider Table

03+000PrimaryHealth of Josephine County

contractorname	lastname	firstname	phyaddr
CareOregon	RINKOFF	JEFFREY	1236 NE 7th
CareOregon	RIVERSIDE PHYSICAL THERAPY- CAVE JUNCTION		218 N Redwood Hwy
CareOregon	WOOD	JEFFREY	218 N Redwood Hwy
CareOregon	DONATO	EDSEN	1701 NW Hawthorne Ave Ste 103
CareOregon	RIVERSIDE PHYSICAL THERAPY- GRANTS PASS		1701 NW Hawthorne Ave Ste 103
CareOregon	WOOD	JEFFREY	1701 NW Hawthorne Ave Ste 103
CareOregon	ABDUN NUR	DAVID	500 SW Ramsey Ave
CareOregon	ABU GHALYOUN	BADER	500 SW Ramsey Ave
CareOregon	AL-KHOUDARI	AMER	500 SW Ramsey Ave
CareOregon	ARORA	TARANDEEP	500 SW Ramsey Ave
CareOregon	CANDELARIA	DAVID	500 SW Ramsey Ave
CareOregon	GLEFFE	DAN	500 SW Ramsey Ave
CareOregon	HAMAD	EZEDEEN	500 SW Ramsey Ave
CareOregon	MADHAVAN	RANGANATHAN	500 SW Ramsey Ave
CareOregon	MECHLING	KATHERINE	500 SW Ramsey Ave
CareOregon	MEHTA	RAHUL	500 SW Ramsey Ave
CareOregon	PARAU	SIMONA	500 SW Ramsey Ave
CareOregon	SORWEIDE	DERRICK	500 SW Ramsey Ave
CareOregon	SOUTH SOUND INPATIENT PHYS - ASANTE THREE RIVERS COMM		500 SW Ramsey Ave
CareOregon	TARA	MONA	500 SW Ramsey Ave
CareOregon	THIESSEN	ABRAM	500 SW Ramsey Ave
CareOregon	DAUTERMAN	KENT	520 SW Ramsey Ave Ste 101
CareOregon	HUTH	MARK	520 SW Ramsey Ave Ste 101
CareOregon	MARTIN	DAVID	520 SW Ramsey Ave Ste 101
CareOregon	MORAN	MARK	520 SW Ramsey Ave Ste 101
CareOregon	MORRISON	BRIAN	520 SW Ramsey Ave Ste 101
CareOregon	NISBET	LINDA	520 SW Ramsey Ave Ste 101
CareOregon	PERSONIUS	BRADLEY	520 SW Ramsey Ave Ste 101
CareOregon	SOUTHERN OREGON CARDIOLOGY		520 SW Ramsey Ave Ste 101
CareOregon	THREE RIVERS CATH LAB		500 SW Ramsey Ave Ste 101

phycity	phyzip	phycounty	provtype	specialty	dmapid	otherprovid	pcp	mbrsassign	addlmembr	credverification
Grants Pass	97526-2006	Josephine	03	016	218156	1144401043	N	0	0	02/15/12
Grants Pass	97526-1634	Josephine	09	051	500400050	1952441594	N	0	0	not applicable
Grants Pass	97527-5554	Josephine	09	051	022805	1558302174	N	0	0	not applicable
Grants Pass	97527-8978	Josephine	09	051	022535	1629174495	N	0	0	not applicable
Grants Pass	97527-8978	Josephine	46	395	500616251	1407947732	N	0	0	06/29/09
Grants Pass	97527-8978	Josephine	42	364	298515	1558467852	N	0	0	03/14/12
Grants Pass	97527-8978	Josephine	42	364	500642365	1255614160	N	0	0	04/03/12
Grants Pass	97526-1316	Josephine	36	315	006427	1538170394	N	0	0	11/25/08
Grants Pass	97526-1049	Josephine	09	051	500400102	1386838753	N	0	0	not applicable
Grants Pass	97526-1049	Josephine	42	364	262449	1215963996	N	0	0	12/27/11
Grants Pass	97526-1049	Josephine	34	279	096396	1396742045	N	0	0	07/15/10
Grants Pass	97526-1049	Josephine	34	279	108498	1811913825	N	0	0	03/29/12
Grants Pass	97527-5535	Josephine	09	051	500630102	1538471768	N	0	0	not applicable
Grants Pass	97527-5535	Josephine	34	300	500624610	1174745095	N	0	0	04/04/12
Grants Pass	97527-5535	Josephine	34	300	500627852	1932374808	N	0	0	02/08/11
Grants Pass	97527-5554	Josephine	34	247	297501	1952430381	N	0	0	06/05/09
Grants Pass	97527-5554	Josephine	37	330	218622	1073590733	N	0	0	07/20/10
Grants Pass	97527-5554	Josephine	266	165	022560	1801891809	N	0	0	10/11/11
Grants Pass	97527-5554	Josephine	34	247	500624813	1659582161	N	0	0	01/13/11
Grants Pass	97527-5554	Josephine	42	364	500617522	1629307533	N	0	0	06/15/10
Grants Pass	97527-5554	Josephine	34	247	056692	1508934506	N	0	0	11/02/10
Grants Pass	97527-5554	Josephine	34	232	226915	1255329728	N	0	0	03/01/11
Grants Pass	97527-5554	Josephine	34	252	062778	1821177387	N	0	0	04/27/11
Grants Pass	97527-5554	Josephine	37	330	274710	1427164649	N	0	0	09/03/10
Grants Pass	97527-5554	Josephine	37	330	213158	1265561377	N	0	0	11/02/10
Grants Pass	97527-5554	Josephine	37	330	241796	1770649014	N	0	0	11/02/10
Grants Pass	97527-5554	Josephine	46	395	500611918	1649440009	N	0	0	07/12/11
Grants Pass	97527-5554	Josephine	34	247	045278	1619056173	N	0	0	11/08/10
Grants Pass	97527-5554	Josephine	34	252	226862	1760487557	N	0	0	02/07/12
Grants Pass	97527-5554	Josephine	34	247	500608322	1629117668	N	0	0	11/12/09

03+000CareOregon Participating Provider Table

03+000PrimaryHealth of Josephine County

phycity	physip	phycountry	provtyp	specialty	dmapid	otherprovid	pcp	mbrassign	addmemb	credverification
Grants Pass	97527-5554	Josephine	34	247	085477	1124107669	N	0	0	04/27/11
Grants Pass	97527-5554	Josephine	42	364	262449	1215963996	N	0	0	12/27/11
Grants Pass	97527-5554	Josephine	34	232	062708	1669461208	N	0	0	03/01/11
Grants Pass	97527-5554	Josephine	37	330	062005	1447389556	N	0	0	11/02/10
Grants Pass	97527-5554	Josephine	37	330	026438	1053440172	N	0	0	11/02/10
Grants Pass	97527-5554	Josephine	34	247	245853	1104938737	N	0	0	08/22/11
Grants Pass	97527-5554	Josephine	34	252	009576	1720088677	N	0	0	04/06/11
Grants Pass	97527-5554	Josephine	34	232	229476	1023026622	N	0	0	03/01/11
Grants Pass	97527-5554	Josephine	34	232	151300	1417957374	N	0	0	03/01/11
Grants Pass	97527-5554	Josephine	34	249	028642	1780752782	N	0	0	04/27/11
Grants Pass	97527-5554	Josephine	37	330	026119	1134371503	N	0	0	02/10/12
Grants Pass	97527-5554	Josephine	34	247	286346	1295803203	N	0	0	11/02/10
Grants Pass	97527-5554	Josephine	34	249	288514	1518964766	N	0	0	05/30/08
Grants Pass	97527-5554	Josephine	34	247	165878	1740275932	N	0	0	05/10/10
Grants Pass	97527-5554	Josephine	42	364	218415	1740208222	N	0	0	02/01/12
Grants Pass	97527-5554	Josephine	34	247	500608298	1790824704	N	0	0	11/05/09
Grants Pass	97527-5554	Josephine	34	252	150078	1396741294	N	0	0	03/16/10
Grants Pass	97527-5554	Josephine	34	252	500639410	1245205582	N	0	0	10/01/11
Grants Pass	97527-5554	Josephine	37	330	241345	1659437903	N	0	0	11/02/10
Grants Pass	97527-5554	Josephine	34	247	287330	1730287970	N	0	0	09/30/09
Grants Pass	97527-5554	Josephine	46	395	500639201	1336236744	N	0	0	03/01/12
Grants Pass	97527-5554	Josephine	34	252	500610188	1043457005	N	0	0	06/05/10
Grants Pass	97527-5554	Josephine	09	051	028289	1598895690	N	0	0	not applicable
Grants Pass	97527-5554	Josephine	34	232	062708	1669461208	N	0	0	03/01/11
Grants Pass	97527-5554	Josephine	34	252	500612353	1477740579	N	0	0	06/05/10
Grants Pass	97527-5554	Josephine	34	232	079731	1649267816	N	0	0	03/01/11
Grants Pass	97527-5554	Josephine	34	252	500639410	1245205582	N	0	0	10/01/11
Grants Pass	97527-5554	Josephine	46	395	500639201	1336236744	N	0	0	03/01/12
Grants Pass	97527-5854	Josephine	09	057	024031	1912111980	N	0	0	not applicable
Grants Pass	97527-5854	Josephine	45	487	283606	1063454114	N	0	0	12/16/10
Grants Pass	97526-1424	Josephine	09	051	240082	1295758696	N	0	0	not applicable
Grants Pass	97526-1424	Josephine	34	274	242901	1912071036	N	0	0	02/16/12
Grants Pass	97526-1424	Josephine	34	274	278297	1982630695	N	0	0	03/24/10

03+000CareOregon Participating Provider Table

03+000PrimaryHealth of Josephine County

phycity	phyzip	phycounty	provtype	specialty	dmapid	otherprovid	pcp	mbrsassign	addlmembr	credverification
Grants Pass	97526-1424	Josephine	34	274	111138	1376546614	N	0	0	08/12/10
Grants Pass	97526-1424	Josephine	34	274	063789	1760489991	N	0	0	07/12/07
Grants Pass	97526-1424	Josephine	34	274	009477	1093718322	N	0	0	04/17/07
Grants Pass	97526-1431	Josephine	05	030	240082	1295758696	N	0	0	07/13/11
Grants Pass	97526-1431	Josephine	34	274	054424	1265413934	N	0	0	06/01/11
Grants Pass	97526-1114	Josephine	34	274	094334	1922089689	N	0	0	06/01/11
Grants Pass	97526-1114	Josephine	09	051	074807	1609913219	N	0	0	not applicable
Grants Pass	97526-1114	Josephine	34	274	054424	1265413934	N	0	0	06/01/11
Cave Junction	97523-9604	Josephine	09	051	005730	1386786309	N	0	0	not applicable
Grants Pass	97527-5535	Josephine	46	395	500639226	1336189547	N	0	0	09/06/11
Grants Pass	97527-5535	Josephine	34	278	022778	1386696490	N	0	0	09/13/11
Grants Pass	97527-5535	Josephine	09	051	134384	1043263619	N	0	0	not applicable
Grants Pass	97527-5535	Josephine	34	278	082557	1104866193	N	0	0	09/06/11
Grants Pass	97527-5535	Josephine	34	278	286924	1255383337	N	0	0	09/06/11
Grants Pass	97527-5535	Josephine	34	278	005887	1699727891	N	0	0	09/06/11
Grants Pass	97527-5535	Josephine	34	278	213420	1528011350	N	0	0	09/13/11
Grants Pass	97527-5535	Josephine	46	395	500606627	1659325272	N	0	0	09/06/11
Grants Pass	97526-1536	Josephine	42	364	022223	1114092079	N	0	0	12/13/11
Grants Pass	97526-1536	Josephine	09	051	097519	1295737336	N	0	0	not applicable
Grants Pass	97526-1536	Josephine	34	249	237479	1710179734	N	0	0	06/14/11
Grants Pass	97526-1318	Josephine	36	315	274131	1184700635	N	0	0	03/31/09
Grants Pass	97526-7526	Josephine	34	274	272436	1285685032	N	0	0	10/01/11
Grants Pass	97526-7526	Josephine	09	051	212605	1609944347	N	0	0	not applicable
Grants Pass	97527-5662	Josephine	09	051	218700	1285812123	N	0	0	not applicable
Grants Pass	97527-5662	Josephine	34	274	286802	1427048693	N	0	0	08/31/11
Grants Pass	97526-4264	Josephine	36	315	240376	1902829328	N	0	0	not applicable
Grants Pass	97526-1415	Josephine	34	291	124271	1992862296	N	0	0	06/01/11
Grants Pass	97526-1415	Josephine	09	051	124271	1386658672	N	0	0	not applicable
Grants Pass	97526-1449	Josephine	34	274	242357	1700809365	N	0	0	07/01/11
Grants Pass	97526-1449	Josephine	09	051	028090	1700924594	N	0	0	not applicable
Grants Pass	97526-1449	Josephine	34	274	020722	1063402220	N	0	0	03/12/12
Grants Pass	97526-1424	Josephine	34	274	500634767	1073771697	N	0	0	07/27/11
Grants Pass	97526-1424	Josephine	09	051	286236	1568422053	N	0	0	not applicable

03+000CareOregon Participating Provider Table

03+000PrimaryHealth of Josephine County

phcity	phzip	phycountry	provtype	specialty	dmappid	otherprovid	pcp	mbrassign	addlmembr	credverification
Grants Pass	97526-1424	Josephine	34	274	084319	1811962400	N	0	0	03/12/12
Cave Junction	97523-9023	Josephine	09	054	229162	1699817460	N	0	0	not applicable
Cave Junction	97523-9023	Josephine	45	420	116587	1376527424	N	0	0	03/23/10
Grants Pass	97526-6008	Josephine	45	420	269923	1528044211	N	0	0	05/19/11
Grants Pass	97526-6008	Josephine	09	054	229162	1699817460	N	0	0	not applicable
Grants Pass	97526-6008	Josephine	45	420	116587	1376527424	N	0	0	03/23/10
Grants Pass	97527-5554	Josephine	34	249	060173	1396737847	N	0	0	08/12/11
Grants Pass	97527-5554	Josephine	34	252	006519	1740492214	N	0	0	06/02/08
Grants Pass	97527-5554	Josephine	34	252	274508	1013036516	N	0	0	05/22/08
Grants Pass	97527-5554	Josephine	34	252	500610188	1043457005	N	0	0	06/05/10
Grants Pass	97527-5554	Josephine	34	249	046933	1033112271	N	0	0	01/01/11
Grants Pass	97527-5554	Josephine	34	249	141861	1508858051	N	0	0	05/22/08
Grants Pass	97527-5554	Josephine	34	252	007197	1093929580	N	0	0	05/22/08
Grants Pass	97527-5554	Josephine	34	252	241529	1043355019	N	0	0	05/23/08
Grants Pass	97527-5554	Josephine	34	249	077185	1699767103	N	0	0	02/28/11
Grants Pass	97527-5554	Josephine	34	252	500612353	1477740579	N	0	0	06/05/10
Grants Pass	97527-5554	Josephine	34	252	500643156	1932381316	N	0	0	01/17/12
Grants Pass	97527-5554	Josephine	34	252	135288	1497721625	N	0	0	02/13/09
Grants Pass	97527-5554	Josephine	09	051	278049	1053578237	N	0	0	not applicable
Grants Pass	97527-5554	Josephine	34	252	032503	1770572380	N	0	0	03/08/11
Grants Pass	97527-5554	Josephine	34	252	023313	1922029875	N	0	0	05/30/08
Grants Pass	97527-5573	Josephine	34	232	226915	1255329728	N	0	0	03/01/11
Grants Pass	97527-5573	Josephine	34	232	062708	1669461208	N	0	0	03/01/11
Grants Pass	97527-5573	Josephine	34	232	085352	1588677215	N	0	0	03/01/11
Grants Pass	97527-5573	Josephine	34	232	229476	1023026622	N	0	0	03/01/11
Grants Pass	97527-5573	Josephine	34	232	151247	1407864028	N	0	0	03/01/11
Grants Pass	97527-5573	Josephine	42	366	212856	1053468959	N	0	0	03/01/11
Grants Pass	97527-5573	Josephine	34	232	151300	1417957374	N	0	0	03/01/11
Grants Pass	97527-5573	Josephine	09	051	500612587	1033444781	N	0	0	not applicable
Grants Pass	97527-5554	Josephine	29	190	500612587	1033444781	N	0	0	not applicable

sanctions	contrstartdt	contrenddt	serviceAreas	provid	qprovtype	profdesig
not applicable	11/15/01	99/99/99	Josephine	M01399531	MHCD	
not applicable	09/01/97	99/99/99	Josephine	PRV000000006645	Group	
not applicable	05/01/07	99/99/99	Josephine	PRV000000007671	Group	
not applicable	04/15/09	99/99/99	Josephine	PRV000000012704	Group	
not applicable	04/15/09	99/99/99	Josephine	PRV000000013190	PA	PA
not applicable	04/15/09	99/99/99	Josephine	PRV000000012705	APN	FNP
not applicable	04/15/09	99/99/99	Josephine	PRV000000026702	APN	FNP
not applicable	10/01/05	99/99/99	Josephine	PRV000000000983	DME	
not applicable	07/01/00	99/99/99	Josephine	PRV000000013033	Group	
not applicable	07/01/00	99/99/99	Josephine	PRV000000009709	APN	FNP
not applicable	07/01/00	99/99/99	Josephine	M01392212	PHY	MD
not applicable	07/01/00	99/99/99	Josephine	PRV000000012860	PHY	DO
not applicable	01/14/03	99/99/99	Josephine	PRV000000020893	Group	
not applicable	01/14/03	99/99/99	Josephine	PRV000000019980	PHY	DO
not applicable	01/14/03	99/99/99	Josephine	PRV000000020894	PHY	DO
not applicable	07/01/00	99/99/99	Josephine	M01492050	PHY	DO
not applicable	07/01/00	99/99/99	Josephine	PRV000000019313	APN	CRNA
not applicable	07/01/00	99/99/99	Josephine	PRV000000016302	H	
not applicable	07/01/00	99/99/99	Josephine	PRV000000021724	PHY	MD
not applicable	07/01/00	99/99/99	Josephine	PRV000000019049	APN	FNP
not applicable	07/01/00	99/99/99	Josephine	PRV000000007935	PHY	MD
not applicable	07/01/00	99/99/99	Josephine	M01389325	PHY	MD
not applicable	07/01/00	99/99/99	Josephine	PRV000000007934	PHY	MD
not applicable	07/01/00	99/99/99	Josephine	PRV000000019896	APN	CRNA
not applicable	07/01/00	99/99/99	Josephine	PRV000000009973	APN	CRNA
not applicable	07/01/00	99/99/99	Josephine	PRV000000010002	APN	CRNA
not applicable	07/01/00	99/99/99	Josephine	PRV000000018886	PA	PA
not applicable	07/01/00	99/99/99	Josephine	M01387128	PHY	DO
not applicable	07/01/00	99/99/99	Josephine	PRV000000009706	PHY	MD
not applicable	07/01/00	99/99/99	Josephine	PRV000000016663	PHY	MD

03+000CareOregon Participating Provider Table

03+000PrimaryHealth of Josephine County

sanctions	contstartdt	contrenddt	serviceAreas	provid	qprovtype	profdesig
not applicable	07/01/00	99/99/99	Josephine	PRV000000007947	PHY	MD
not applicable	07/01/00	99/99/99	Josephine	PRV000000009709	APN	FNP
not applicable	07/01/00	99/99/99	Josephine	M01387386	PHY	MD
not applicable	07/01/00	99/99/99	Josephine	PRV000000010003	APN	CRNA
not applicable	07/01/00	99/99/99	Josephine	PRV000000010024	APN	CRNA
not applicable	07/01/00	99/99/99	Josephine	PRV000000011491	PHY	MD
not applicable	07/01/00	99/99/99	Josephine	PRV000000009760	PHY	MD
not applicable	07/01/00	99/99/99	Josephine	M01389505	PHY	MD
not applicable	07/01/00	99/99/99	Josephine	M01388695	PHY	MD
not applicable	07/01/00	99/99/99	Josephine	M01386896	PHY	MD
not applicable	07/01/00	99/99/99	Josephine	PRV000000013514	APN	CRNA
not applicable	07/01/00	99/99/99	Josephine	PRV000000007939	PHY	MD
not applicable	07/01/00	99/99/99	Josephine	PRV000000008062	PHY	MD
not applicable	07/01/00	99/99/99	Josephine	PRV000000002323	PHY	MD
not applicable	07/01/00	99/99/99	Josephine	PRV0000000026857	PHY	MD
not applicable	07/01/00	99/99/99	Josephine	PRV0000000012609	APN	FNP
not applicable	07/01/00	99/99/99	Josephine	PRV000000016574	PHY	MD
not applicable	07/01/00	99/99/99	Josephine	PRV000000008731	PHY	MD
not applicable	07/01/00	99/99/99	Josephine	PRV0000000026857	PHY	MD
not applicable	07/01/00	99/99/99	Josephine	PRV000000010029	APN	CRNA
not applicable	07/01/00	99/99/99	Josephine	PRV0000000016161	PHY	MD
not applicable	07/01/00	99/99/99	Josephine	PRV0000000026371	PA	PA
not applicable	07/01/00	99/99/99	Josephine	PRV0000000016918	PHY	MD
not applicable	07/01/00	99/99/99	Josephine	PRV0000000027134	Group	
not applicable	07/01/00	99/99/99	Josephine	M01387386	PHY	MD
not applicable	07/01/00	99/99/99	Josephine	PRV0000000016920	PHY	MD
not applicable	07/01/00	99/99/99	Josephine	M01387707	PHY	MD
not applicable	07/01/00	99/99/99	Josephine	PRV0000000026857	PHY	MD
not applicable	07/01/00	99/99/99	Josephine	PRV0000000026371	PA	PA
not applicable	05/12/97	99/99/99	Josephine	PRV0000000011822	Group	
not applicable	05/12/97	99/99/99	Josephine	M01390191	AU	MA
not applicable	06/30/08	99/99/99	Josephine	PRV0000000011972	Group	
not applicable	06/30/08	99/99/99	Josephine	PRV0000000011337	PHY	MD
not applicable	06/30/08	99/99/99	Josephine	PRV0000000006470	PHY	MD

sanctions	contrstartdt	contrenddt	serviceAreas	provid	qprovtype	profdesig
not applicable	06/30/08	99/99/99	Josephine	PRV000000009743	PHY	MD
not applicable	06/30/08	99/99/99	Josephine	PRV000000006476	PHY	MD
not applicable	06/30/08	99/99/99	Josephine	PRV000000006480	PHY	MD
not applicable	02/11/09	99/99/99	Josephine	PRV000000009742	ASC	
not applicable	02/11/09	99/99/99	Josephine	M01387220	PHY	MD
not applicable	09/01/97	99/99/99	Josephine	M01387876	PHY	MD
not applicable	09/01/97	99/99/99	Josephine	PRV000000016468	Group	
not applicable	09/01/97	99/99/99	Josephine	M01387220	PHY	MD
not applicable	01/01/08	99/99/99	Josephine	PRV000000001809	Group	
not applicable	09/01/97	99/99/99	Josephine	PRV000000012512	PA	PA
not applicable	09/01/97	99/99/99	Josephine	M01392726	PHY	MD
not applicable	09/01/97	99/99/99	Josephine	PRV000000000693	Group	
not applicable	09/01/97	99/99/99	Josephine	M01387778	PHY	MD
not applicable	09/01/97	99/99/99	Josephine	M01390339	PHY	MD
not applicable	09/01/97	99/99/99	Josephine	PRV000000004549	PHY	MD
not applicable	09/01/97	99/99/99	Josephine	M01392695	PHY	MD
not applicable	09/01/97	99/99/99	Josephine	PRV000000012511	PA	PA
not applicable	02/11/09	99/99/99	Josephine	PRV000000013236	APN	FNP
not applicable	02/11/09	99/99/99	Josephine	PRV000000010865	Group	
not applicable	02/11/09	99/99/99	Josephine	PRV000000010841	PHY	MD
not applicable	11/03/04	99/99/99	Josephine	PRV000000010108	DME	
not applicable	09/01/97	99/99/99	Josephine	PRV000000008849	PHY	MD
not applicable	09/01/97	99/99/99	Josephine	PRV000000021508	Group	
not applicable	09/01/97	99/99/99	Josephine	PRV000000015622	Group	
not applicable	09/01/97	99/99/99	Josephine	M01390314	PHY	MD
not applicable	03/21/07	99/99/99	Josephine	PRV000000014064	DME	
not applicable	09/01/97	99/99/99	Josephine	PRV000000009266	PHY	MD
not applicable	09/01/97	99/99/99	Josephine	PRV000000009070	Group	
not applicable	09/01/97	99/99/99	Josephine	PRV000000012314	PHY	MD
not applicable	09/01/97	99/99/99	Josephine	PRV000000012315	Group	
not applicable	09/01/97	99/99/99	Josephine	M01386708	PHY	MD
not applicable	09/01/97	99/99/99	Josephine	PRV000000024200	PHY	MD
not applicable	09/01/97	99/99/99	Josephine	PRV000000014677	Group	

03+000CareOregon Participating Provider Table

03+000PrimaryHealth of Josephine County

sanctions	contrstartdt	contrenddt	serviceAreas	provid	qprovtype	profdesig
not applicable	09/01/97	99/99/99	Josephine	M01390732	PHY	MD
not applicable	09/05/97	99/99/99	Josephine	M01397836	Group	
not applicable	09/05/97	99/99/99	Josephine	M01388020	PT	PT
not applicable	09/05/97	99/99/99	Josephine	M01391403	PT	PT
not applicable	09/05/97	99/99/99	Josephine	M01397835	Group	
not applicable	09/05/97	99/99/99	Josephine	M01388020	PT	PT
not applicable	05/01/08	99/99/99	Josephine	PRV000000024509	PHY	MD
not applicable	05/01/08	99/99/99	Josephine	PRV000000010205	PHY	MD
not applicable	05/01/08	99/99/99	Josephine	PRV000000009833	PHY	MD
not applicable	05/01/08	99/99/99	Josephine	PRV000000016918	PHY	MD
not applicable	05/01/08	99/99/99	Josephine	PRV000000010206	PHY	MD
not applicable	05/01/08	99/99/99	Josephine	PRV000000010208	PHY	MD
not applicable	05/01/08	99/99/99	Josephine	PRV000000011155	PHY	MD
not applicable	05/01/08	99/99/99	Josephine	PRV000000009832	PHY	MD
not applicable	05/01/08	99/99/99	Josephine	PRV000000008121	PHY	MD
not applicable	05/01/08	99/99/99	Josephine	PRV000000016920	PHY	MD
not applicable	05/01/08	99/99/99	Josephine	PRV000000022856	PHY	MD
not applicable	05/01/08	99/99/99	Josephine	PRV000000013463	PHY	DO
not applicable	05/01/08	99/99/99	Josephine	PRV000000010349	Group	
not applicable	05/01/08	99/99/99	Josephine	M01386964	PHY	MD
not applicable	05/01/08	99/99/99	Josephine	M01492510	PHY	MD
not applicable	09/01/97	99/99/99	Josephine	M01389325	PHY	MD
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not applicable	09/01/97	99/99/99	Josephine	M01387828	PHY	MD
not applicable	09/01/97	99/99/99	Josephine	M01389505	PHY	MD
not applicable	09/01/97	99/99/99	Josephine	M01388682	PHY	MD
not applicable	09/01/97	99/99/99	Josephine	M01389188	APN	FNP
not applicable	09/01/97	99/99/99	Josephine	M01388695	PHY	MD
not applicable	09/01/97	99/99/99	Josephine	PRV000000017397	Group	
not applicable	09/01/97	99/99/99	Josephine	PRV000000017399	LAB	

qspecialty	spcdescr	contrbase	spectype	affiliated
ADA	Alcohol and Drug Treatment	Direct	Primary	M01399531
AI	Allergy and Immunology	PrimeCare	Primary	PRV000000006645
HOS	Hospitalist	Direct	Primary	PRV000000007671
FP	Family Practice	Direct	Primary	PRV0000000012704
PA	Physician Assistant		Primary	PRV0000000012704
FP	Family Practice		Primary	PRV0000000012704
FP	Family Practice		Primary	PRV0000000012704
DME	DME Supplier	Direct	Primary	PRV000000000983
ORS	Orthopedic Surgery	Direct	Primary	PRV0000000013033
FP	Family Practice		Primary	PRV0000000013033
ORS	Orthopedic Surgery	OHMS	Primary	PRV0000000013033
ORS	Orthopedic Surgery		Primary	PRV0000000013033
GS	General Surgery	Direct	Primary	PRV0000000020893
GS	General Surgery		Primary	PRV0000000020893
GS	General Surgery		Primary	PRV0000000020893
EM	Emergency Medicine		Primary	PRV0000000016302
AN	Anesthesiology		Primary	PRV0000000016302
		Direct	Primary	PRV0000000016302
EM	Emergency Medicine		Primary	PRV0000000016302
FP	Family Practice		Primary	PRV0000000016302
EM	Emergency Medicine		Primary	PRV0000000016302
C	Cardiology		Primary	PRV0000000016302
I	Internal Medicine		Primary	PRV0000000016302
AN	Anesthesiology		Primary	PRV0000000016302
AN	Anesthesiology		Primary	PRV0000000016302
AN	Anesthesiology		Primary	PRV0000000016302
PA	Physician Assistant		Primary	PRV0000000016302
EM	Emergency Medicine		Primary	PRV0000000016302
I	Internal Medicine		Primary	PRV0000000016302
EM	Emergency Medicine		Primary	PRV0000000016302

03+000CareOregon Participating Provider Table

03+000PrimaryHealth of Josephine County

specialty	specdesr	contrbase	spectype	affiliated
EM	Emergency Medicine		Primary	PRV000000016302
FP	Family Practice		Primary	PRV000000016302
C	Cardiology		Primary	PRV000000016302
AN	Anesthesiology		Primary	PRV000000016302
AN	Anesthesiology		Primary	PRV000000016302
EM	Emergency Medicine		Primary	PRV000000016302
I	Internal Medicine		Primary	PRV000000016302
C	Cardiology		Primary	PRV000000016302
C	Cardiology		Primary	PRV000000016302
FP	Family Practice		Primary	PRV000000016302
AN	Anesthesiology		Primary	PRV000000016302
EM	Emergency Medicine		Primary	PRV000000016302
FP	Family Practice		Primary	PRV000000016302
EM	Emergency Medicine		Primary	PRV000000016302
FP	Family Practice		Primary	PRV000000016302
EM	Emergency Medicine		Primary	PRV000000016302
I	Internal Medicine		Primary	PRV000000016302
I	Internal Medicine		Primary	PRV000000016302
AN	Anesthesiology		Primary	PRV000000016302
EM	Emergency Medicine		Primary	PRV000000016302
PA	Physician Assistant		Primary	PRV000000016302
I	Internal Medicine		Primary	PRV000000027134
AC	Acute Care	Direct	Primary	PRV000000027134
C	Cardiology		Primary	PRV000000027134
I	Internal Medicine		Primary	PRV000000027134
C	Cardiology		Primary	PRV000000027134
I	Internal Medicine		Primary	PRV000000027134
PA	Physician Assistant		Primary	PRV000000027134
AU	Audiology	Direct	Primary	PRV000000011822
AU	Audiology		Primary	PRV000000011822
OPH	Ophthalmology	Direct	Primary	PRV000000011972
OPH	Ophthalmology		Primary	PRV000000011972
OPH	Ophthalmology		Primary	PRV000000011972

qspecialty	spcdescri	contrbase	spectype	affiliated
OPH	Ophthalmology		Primary	PRV000000011972
OPH	Ophthalmology		Primary	PRV000000011972
OPH	Ophthalmology		Primary	PRV000000011972
ASC	Ambulatory Surgical Center	Direct	Primary	PRV000000009742
OPH	Ophthalmology		Primary	PRV000000009742
OPH	Ophthalmology		Primary	PRV000000016468
OPH	Ophthalmology	PrimeCare	Primary	PRV000000016468
OPH	Ophthalmology		Primary	PRV000000016468
OPT	Optometry	OHMS	Primary	PRV000000001809
PA	Physician Assistant		Primary	PRV000000000693
ONC	Oncology		Primary	PRV000000000693
HEO	Hematology and Oncology	Direct	Primary	PRV000000000693
HEO	Hematology and Oncology		Primary	PRV000000000693
HEO	Hematology and Oncology		Primary	PRV000000000693
HEO	Hematology and Oncology		Primary	PRV000000000693
ONC	Oncology		Primary	PRV000000000693
PA	Physician Assistant		Primary	PRV000000000693
FP	Family Practice		Primary	PRV000000010865
FP	Family Practice	Direct	Primary	PRV000000010865
FP	Family Practice		Primary	PRV000000010865
DME	DME Supplier	Direct	Primary	PRV000000010108
OPH	Ophthalmology		Primary	PRV000000021508
OPH	Ophthalmology	PrimeCare	Primary	PRV000000021508
OPH	Ophthalmology	PrimeCare	Primary	PRV000000015622
OPH	Ophthalmology		Primary	PRV000000015622
DME	DME Supplier	Direct	Primary	PRV000000014064
PMR	Physical Medicine and Rehab		Primary	PRV000000009070
PMR	Physical Medicine and Rehab	PrimeCare	Primary	PRV000000009070
OPH	Ophthalmology		Primary	PRV000000012315
OPH	Ophthalmology	PrimeCare	Primary	PRV000000012315
OPH	Ophthalmology		Primary	PRV000000012315
OPH	Ophthalmology		Primary	PRV000000014677
OPH	Ophthalmology	PrimeCare	Primary	PRV000000014677

gspecialty	spesdescr	contrbase	specytype	affiliated
OPH	Ophthalmology	PrimeCare	Primary	PRV000000014677
PT	Physical Therapy	NWRA	Primary	M01397836
PT	Physical Therapy		Primary	M01397836
PT	Physical Therapy		Primary	M01397835
PT	Physical Therapy	NWRA	Primary	M01397835
PT	Physical Therapy		Primary	M01397835
FP	Family Practice		Primary	PRV000000010349
I	Internal Medicine		Primary	PRV000000010349
I	Internal Medicine		Primary	PRV000000010349
I	Internal Medicine		Primary	PRV000000010349
FP	Family Practice		Primary	PRV000000010349
FP	Family Practice		Primary	PRV000000010349
I	Internal Medicine		Primary	PRV000000010349
I	Internal Medicine		Primary	PRV000000010349
FP	Family Practice		Primary	PRV000000010349
I	Internal Medicine		Primary	PRV000000010349
I	Internal Medicine		Primary	PRV000000010349
I	Internal Medicine		Primary	PRV000000010349
EM	Emergency Medicine	Direct	Primary	PRV000000010349
I	Internal Medicine		Primary	PRV000000010349
I	Internal Medicine		Primary	PRV000000010349
C	Cardiology		Primary	PRV000000017397
C	Cardiology		Primary	PRV000000017397
C	Cardiology		Primary	PRV000000017397
C	Cardiology		Primary	PRV000000017397
C	Cardiology		Primary	PRV000000017397
C	Cardiology		Primary	PRV000000017397
C	Cardiology		Primary	PRV000000017397
C	Cardiology	PrimeCare	Primary	PRV000000017397
		PrimeCare	Primary	PRV000000017399

affilprovname	affilty	phystate	indiv	pcpclinic
ADAPT -JOSEPHINE COUNTY		OR	n	
ALLERGY & ASTHMA CENTER OF SOUTHERN OREGON		OR	n	
APOGEE MEDICAL GROUP PC - RAMSEY AVE		OR	n	
APPLEGATE VALLEY FAMILY MEDICINE LLC		OR	n	Y
APPLEGATE VALLEY FAMILY MEDICINE LLC		OR	Y	
APPLEGATE VALLEY FAMILY MEDICINE LLC		OR	Y	
APPLEGATE VALLEY FAMILY MEDICINE LLC		OR	Y	
APRIA HEALTHCARE - DME		OR	n	
ASANTE FRACTURE CLINIC		OR	n	
ASANTE FRACTURE CLINIC		OR	Y	
ASANTE FRACTURE CLINIC		OR	Y	
ASANTE FRACTURE CLINIC		OR	Y	
ASANTE SURGICAL ASSOCIATES GRANTS PASS		OR	n	
ASANTE SURGICAL ASSOCIATES GRANTS PASS		OR	Y	
ASANTE SURGICAL ASSOCIATES GRANTS PASS		OR	Y	
ASANTE THREE RIVERS COMMUNITY HOSPITAL		OR	Y	
ASANTE THREE RIVERS COMMUNITY HOSPITAL		OR	Y	
ASANTE THREE RIVERS COMMUNITY HOSPITAL		OR	n	
ASANTE THREE RIVERS COMMUNITY HOSPITAL		OR	Y	
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ASANTE THREE RIVERS COMMUNITY HOSPITAL		OR	Y	

Applicant Name: PrimaryHealth of Josephine County, LLC
JBH Contracted Providers Table

Contractor Name	Provider Last Name	Provider First Name	Business/Practice Address	Business/Practice City	Zip Code	Business County	Provider Type
JBH	Albertina Kerr		424 NE 22nd Ave	Portland	97232	Multnomah	26
JBH	Cascadia Behavioral Health		847 NE 19th Ave, Ste 100	Portland	97207	Multnomah	33
JBH	Catholic Com Svcs of the Mid Willamette Valley		3737 Portland Rd	Salem	97301	Marion	33
JBH	Christian Community Placement Center		4890 32nd Ave, SE	Salem	97301	Marion	33
JBH	Chehalam Youth & Family Services		501 E First St	Newberg	97132	Yamhill	33
JBH	Community Works		201 W Main, Ste 2B	Medford	97501	Jackson	33
JBH	Jasper Mountain		37875 Jasper-Lowell Rd	Jasper	97438	Lane	33
JBH	KYDC		2210 N Eldorado Ave	Klamath Falls	97601	Klamath	33
JBH	Looking Glass		1790 W 11th Ave, Ste 200	Eugene	97402	Lane	33
JBH	Lutheran Community Services		2545 N Eldorado Ave	Klamath Falls	97601	Klamath	33
JBH	Morrison Child & Family Services		11035 NE Sandy Blvd	Portland	97220	Multnomah	33
JBH	Oregon Social Learning Center Community Programs		10 Shelton McMurphey Blvc	Eugene	97401	Lane	33
JBH	SOASTC/Kairsos		715 Ramsey Ave	Grants Pass	97527	Josephine	33
JBH	SOCSTC/Family Solutions		358 S Oakdale Ave	Medford	97501	Jackson	33
JBH	St. Mary's Home for Boys		16535 SW TV Hwy	Beaverton	97006-5143	Washington	33
JBH	Trillium Family Services		3415 SE Powell Blvd	Portland	97202	Clackamas	26
JBH	Youth Villages/Christie Care		2507 Christie Dr	Lake Oswego	97034	Clackamas	33
JBH	ColumbiaCare Services, Inc		3587 Heathrow Way	Medford	97504	Jackson	33
JBH	Options - CRC		1215 SW G St	Grants Pass	97526	Josephine	33
JBH	Bay Area Hospital		1775 Thompson Rd	Coos Bay	97402	Coos	26
JBH	Curry General Hospital		94220 Fourth St	Gold Beach	97444	Curry	26
JBH	Good Samaritan Regional Medical Center		3600 NW Samaritan Dr	Corvallis	97330	Benton	26
JBH	Legacy Adventist Venture/Caremark Behav Hlth		10123 SE Market St	Portland	97216-2599	Multnomah	26
JBH	Mercy Medical Center		2700 Steward Parkway	Roseburg	97470	Douglas	26
JBH	Rogue Valley Medical Center		2825 E Barnett Rd	Medford	97504	Jackson	26
JBH	Salem Hospital		890 Oak St	Salem	97301	Marion	26
JBH	Three Rivers Hospital		500 SW Ramsey Ave	Grants Pass	97527	Josephine	26

03+000JBH Contracted Providers Table

03+000PrimaryHealth of Josephine County

JBH	Coos County	1975 McPherson	North Bend	97459 Coos	11
JBH	Curry County	29821 Colvin St	Gold Beach	97444 Curry	11
JBH	Jackson County	1005 E Main St	Medford	97504-7459 Jackson	11
JBH	Josephine County/Options	1215 SW G St	Grants Pass	97526 Josephine	11
JBH	Klamath County	725 Washburn Way	Klamath Falls	97603 Klamath	11
JBH	Siskiyou Community Health Center	125 NE Manzanita Ave	Grants Pass	97526 Josephine	15
JBH	Ferguson-Wilcox	995 Fruitdale Dr	Grants Pass	97527 Josephine	33
JBH	Sundin	149 Clear Crk Dr, Ste 102	Ashland	97520 Jackson	33
JBH	Usher	1306 NW Hoyt St, Ste 207	Portland	97209 Multnomah	33

Speciality	NPI	PCP ID	# Members Assigned	# Addtl' Members	Credential Verification	Sanction History	Contract Start	Contract End	Contract Status
208		1568639078	N				01/01/10	12/31/12	
209		1356497788	N				01/01/10	12/31/12	
211		1548461668	N				01/01/10	12/31/12	
211		1174698971	N				01/01/10	12/31/12	
470		1750512661	N				01/01/12	12/31/12	Pending
209		1245432509	N				01/01/10	12/31/12	
470		1497821680	N				01/01/12	12/31/12	
211		1740573146	N				01/01/10	12/31/12	
211		1457631657	N				01/01/12	12/31/12	
209		1114058898	N				11/01/10	12/31/12	
470		1346382975	N				01/01/10	12/31/12	
211			N				01/01/10	12/31/12	
211		1518244888	N				01/01/10	12/31/12	
211		1346341427	N				01/01/10	12/31/12	
211			N				01/01/10	12/31/12	
208		1093873382	N				01/01/12	12/31/12	Pending
211		1881637809	N				01/01/10	12/31/12	
471		1073885141	N				01/01/10	12/31/12	
471		1558366492	N				03/01/11	12/31/12	
165		1225016561	N				01/01/12	12/31/12	Pending
165		1487696985	N				01/01/12	12/31/12	Pending
208		1205045770	N				01/01/12	12/31/12	
208		1417977976	N				01/01/10	12/31/12	
165		1922108679	N				01/01/12	12/31/12	
208		1770587107	N				01/01/12	12/31/12	Pending
165		1265431829	N				01/01/12	12/31/12	Pending
165		1801891809	N				01/01/12	12/31/12	Pending

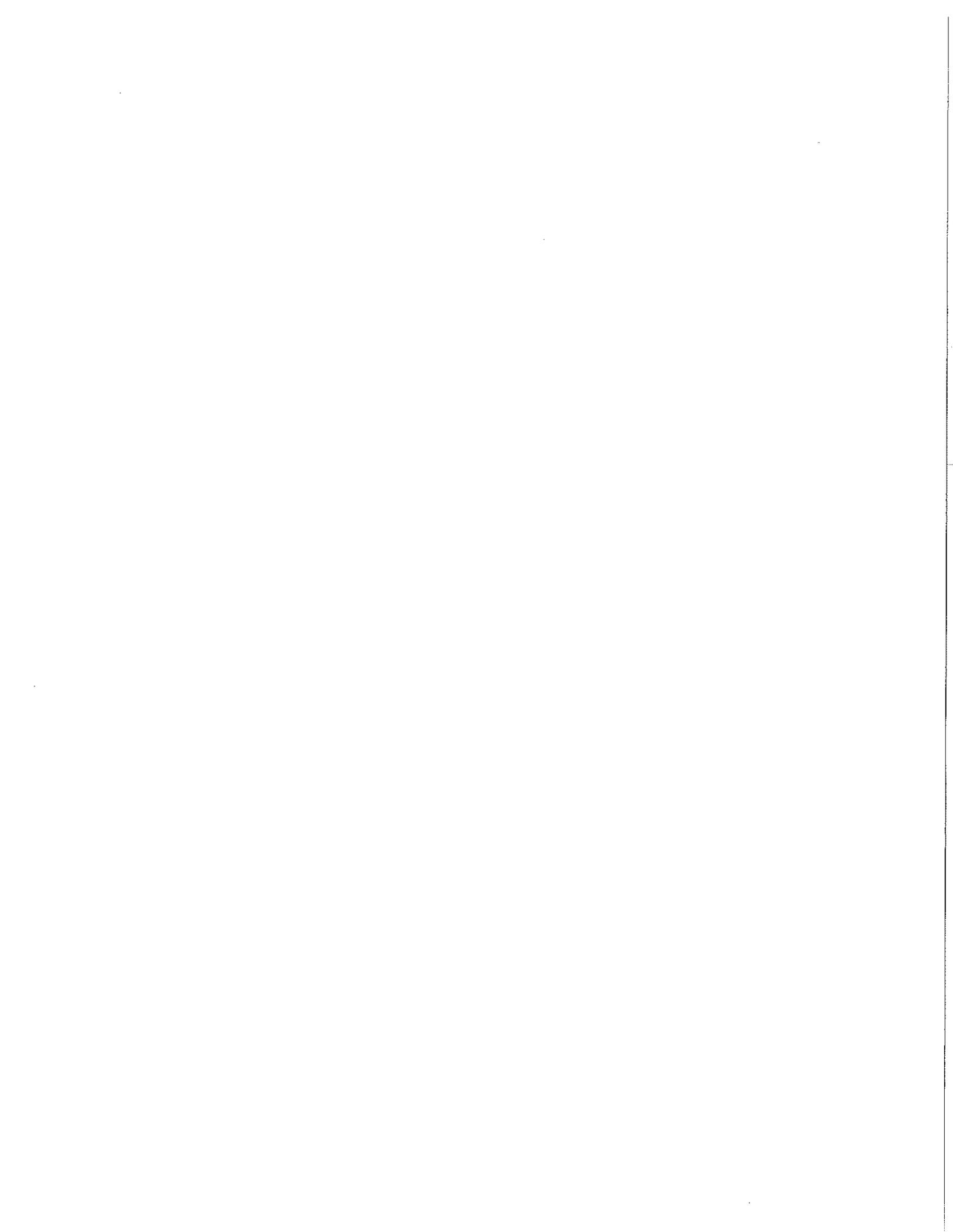
03+000JBH Contracted Providers Table

03+000PrimaryHealth of Josephine County

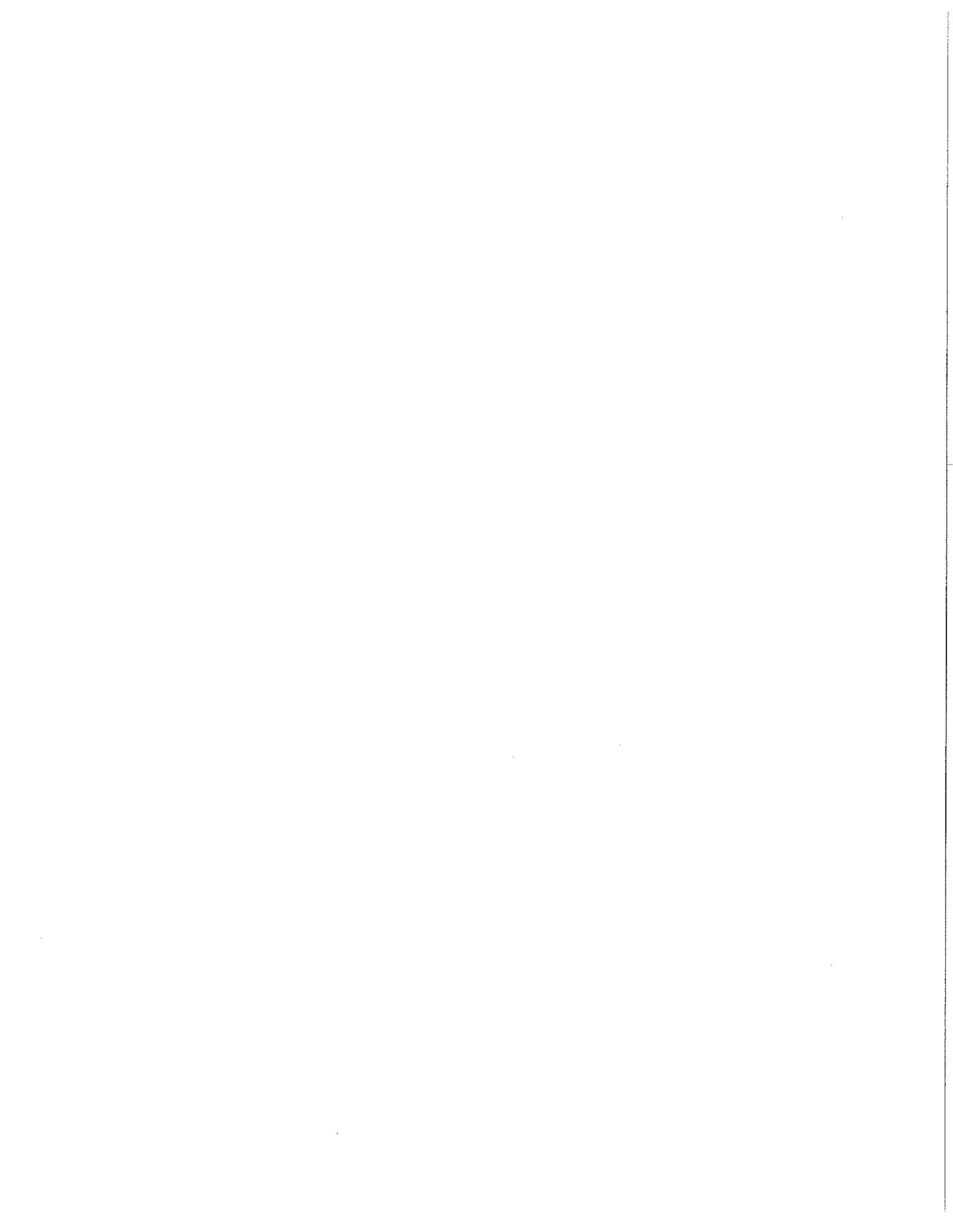
72	1063576908	N		07/01/10	06/30/12
72	1972597763	N		07/01/10	06/30/12
72	1780988253	N		07/01/10	06/30/12
72	1558366492	N		07/01/10	06/30/12
72	1821318528	N		07/01/10	06/30/12
98	1205002136	N		05/01/11	12/31/12
225	1346354016	N	06/05/12	Not applice	04/01/12
227	1184776973	N	07/28/11	Not applice	08/01/11
225	1760456925	N	05/25/12	Not applice	05/02/12
					07/31/13
					04/23/13

Applicant Name: PrimaryHealth of Josephine County, LLC
OHMS Participating Provider Table

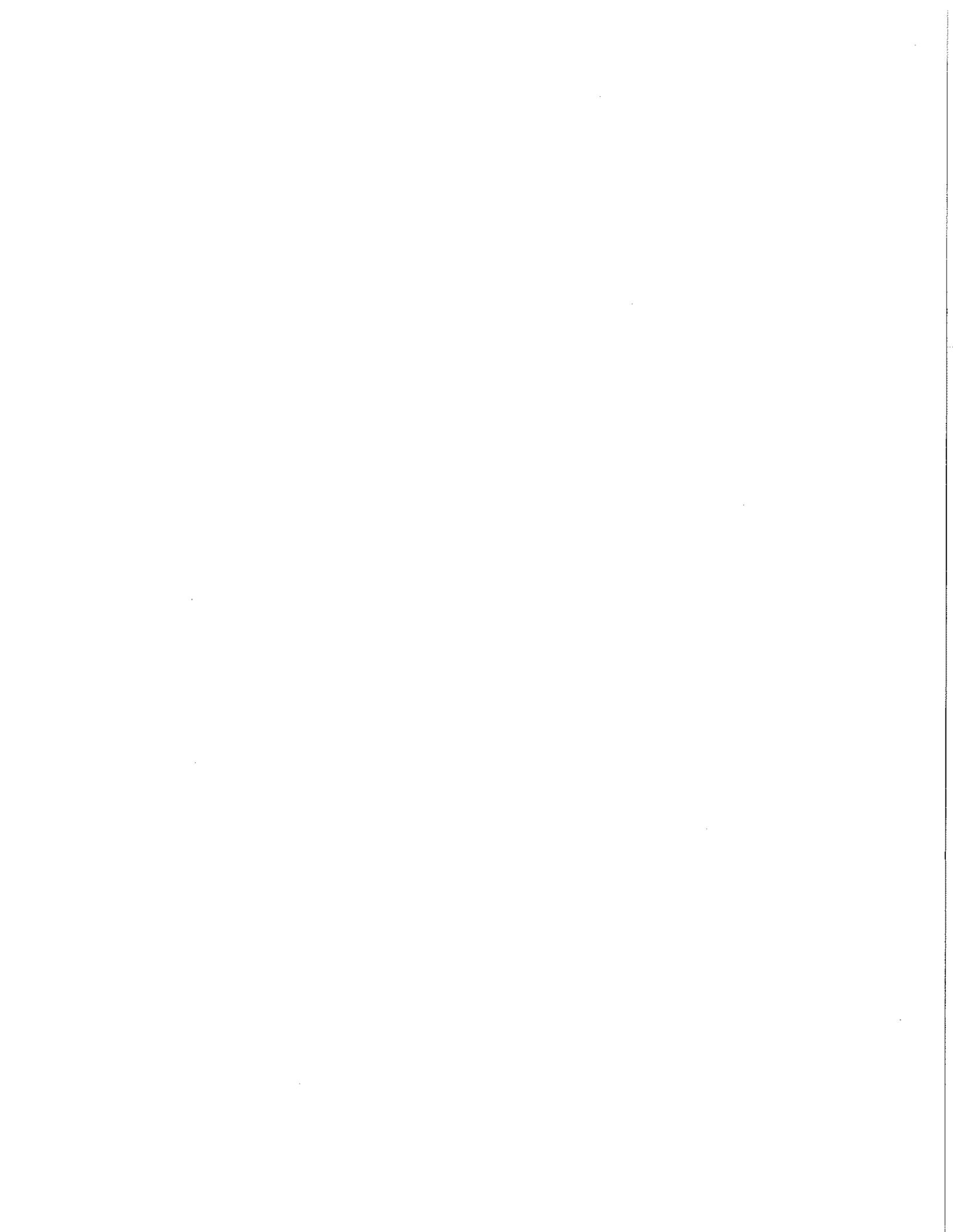
CONTRACTOR NAME	LAST NAME	FIRST NAME
OREGON HEALTH MANAGEMENT SERVICES	GRANTS PASS CLINIC	
OREGON HEALTH MANAGEMENT SERVICES	BARKER	HOLLY
OREGON HEALTH MANAGEMENT SERVICES	BROWN	CAROLINE
OREGON HEALTH MANAGEMENT SERVICES	COUNTISS	JOHN
OREGON HEALTH MANAGEMENT SERVICES	FROEHLICH	MONIKA
OREGON HEALTH MANAGEMENT SERVICES	GREEN	CHRISTY
OREGON HEALTH MANAGEMENT SERVICES	GROENHOUT	EDWARD
OREGON HEALTH MANAGEMENT SERVICES	HADDAD	HAITHAM
OREGON HEALTH MANAGEMENT SERVICES	KOHN	WILLIAM
OREGON HEALTH MANAGEMENT SERVICES	LARA	ANGELINA
OREGON HEALTH MANAGEMENT SERVICES	LUTHER	ANDREW
OREGON HEALTH MANAGEMENT SERVICES	LUTTMER	COLLETTE
OREGON HEALTH MANAGEMENT SERVICES	MOLTENI	KEVIN
OREGON HEALTH MANAGEMENT SERVICES	MORRIS	THOMAS
OREGON HEALTH MANAGEMENT SERVICES	MURRAY	PHILIP
OREGON HEALTH MANAGEMENT SERVICES	OPEL	MARKUS
OREGON HEALTH MANAGEMENT SERVICES	PERRY	ERIC
OREGON HEALTH MANAGEMENT SERVICES	PHILLIPS	NEIL
OREGON HEALTH MANAGEMENT SERVICES	PITZAK	ANDREW
OREGON HEALTH MANAGEMENT SERVICES	POWELL	THEO
OREGON HEALTH MANAGEMENT SERVICES	ROBERTS	TIMOTHY
OREGON HEALTH MANAGEMENT SERVICES	SELINGER	DANIEL
OREGON HEALTH MANAGEMENT SERVICES	SINCLAIR	RONALD
OREGON HEALTH MANAGEMENT SERVICES	STOWELL	BRUCE
OREGON HEALTH MANAGEMENT SERVICES	TARA	MONA
OREGON HEALTH MANAGEMENT SERVICES	WILSON	JOHN DAVID
OREGON HEALTH MANAGEMENT SERVICES	WIGGERS	MARCEL
OREGON HEALTH MANAGEMENT SERVICES	CASCADE WEST PRIMARY CARE CLINIC	
OREGON HEALTH MANAGEMENT SERVICES	PICKER-JOHNSON	LINDA
OREGON HEALTH MANAGEMENT SERVICES	CLEAR CREEK FAMILY PRACTICE	
OREGON HEALTH MANAGEMENT SERVICES	MECHLING	KATHERINE
OREGON HEALTH MANAGEMENT SERVICES	LIVING WATER ADULT FAMILY PRACTICE	
OREGON HEALTH MANAGEMENT SERVICES	MAHONEY	CYNTHIA
OREGON HEALTH MANAGEMENT SERVICES	PEDIATRIC OFFICES	
OREGON HEALTH MANAGEMENT SERVICES	CALLAHAN	LISA



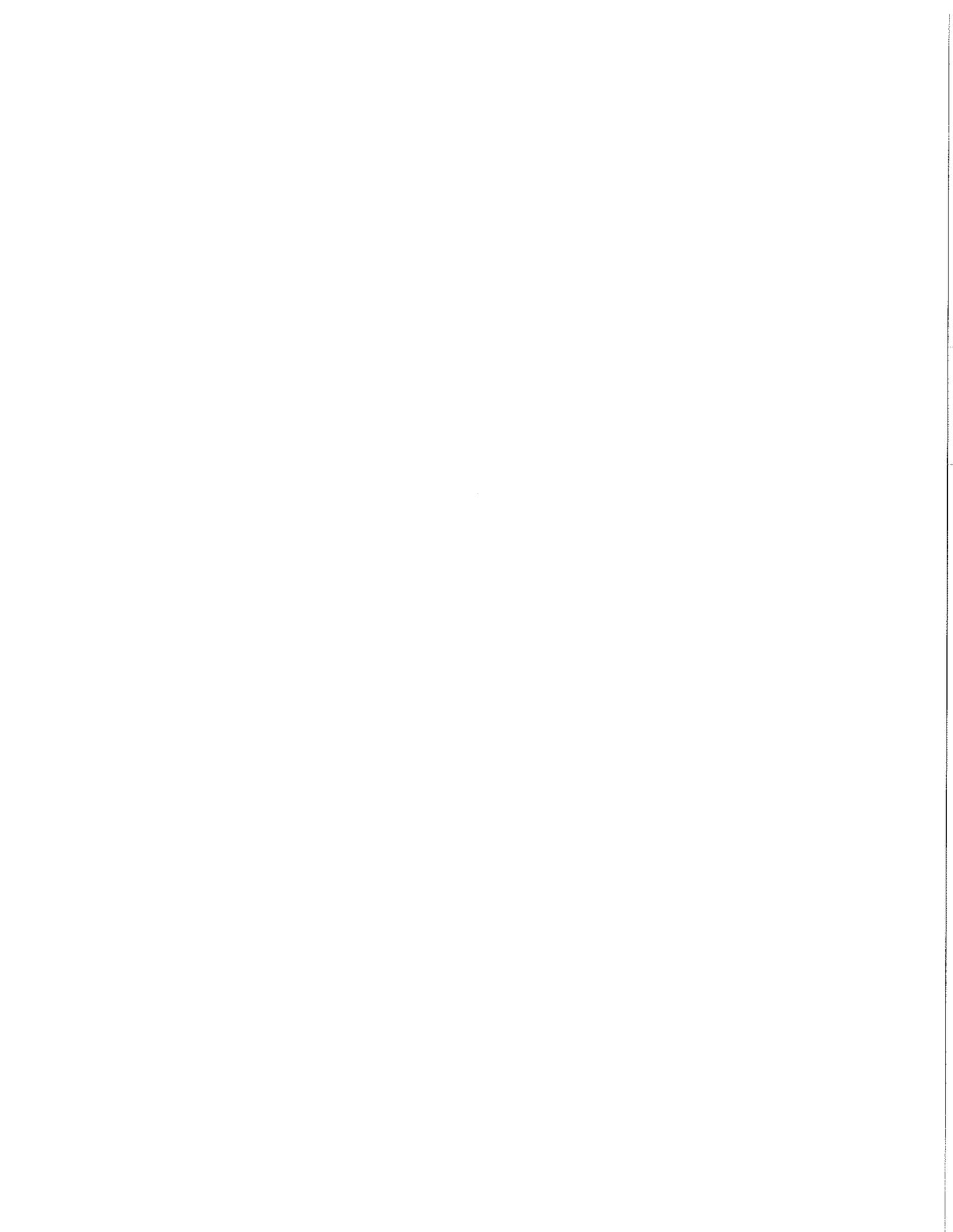
OREGON HEALTH MANAGEMENT SERVICES	SNIFFEN	SISKIYOU COMMUNITY HEALTH CENTER- GRANS PASS	BARBARA
OREGON HEALTH MANAGEMENT SERVICES	BEACHY		LINFORD
OREGON HEALTH MANAGEMENT SERVICES	BELL		ROBERTA
OREGON HEALTH MANAGEMENT SERVICES	CAMPBELL		GEORGE
OREGON HEALTH MANAGEMENT SERVICES	DUGAN		LINDY
OREGON HEALTH MANAGEMENT SERVICES	MILLER		KRISTIN
OREGON HEALTH MANAGEMENT SERVICES	SWINDELLS		SCOTT
OREGON HEALTH MANAGEMENT SERVICES	TOWERS		BRUCE
OREGON HEALTH MANAGEMENT SERVICES	WALLER		KIMBERLY
OREGON HEALTH MANAGEMENT SERVICES	FELTZIN	SISKIYOU COMMUNITY HEALTH CENTER-CAVE JUNCTION	JOYA
OREGON HEALTH MANAGEMENT SERVICES	JOHNSON		SHAE
OREGON HEALTH MANAGEMENT SERVICES	LARY		JILL
OREGON HEALTH MANAGEMENT SERVICES	LITAK		CAROLYN
OREGON HEALTH MANAGEMENT SERVICES	TERRAN		SUSAN
OREGON HEALTH MANAGEMENT SERVICES	WORTHINGTON		JUNE
OREGON HEALTH MANAGEMENT SERVICES	LA CLINICA		
OREGON HEALTH MANAGEMENT SERVICES	BROUZES		LINDA
OREGON HEALTH MANAGEMENT SERVICES	HANDLESMAN		HILLARY
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OREGON HEALTH MANAGEMENT SERVICES	SPECIALISTS		
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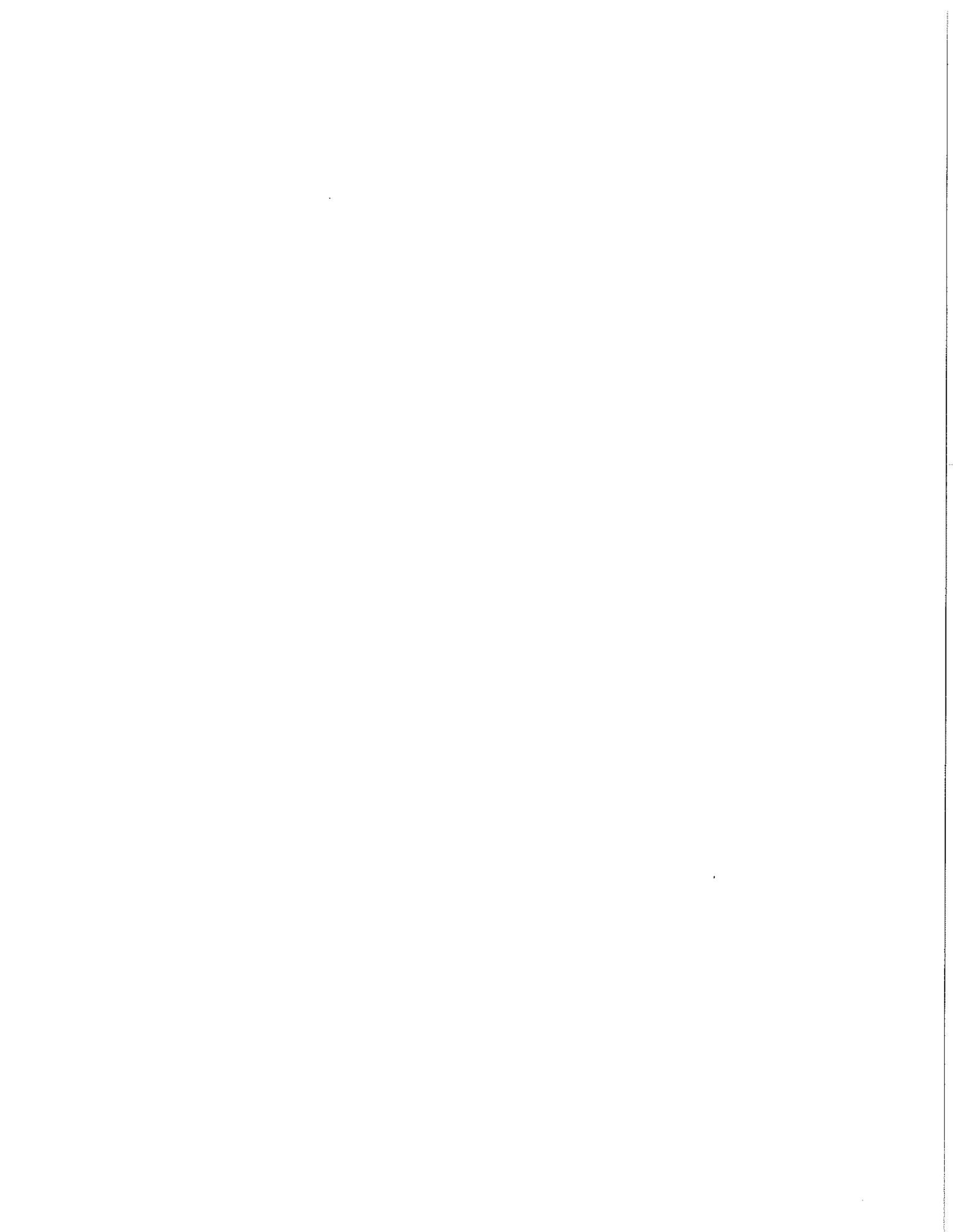
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OREGON HEALTH MANAGEMENT SERVICES	HOELLRICH	ROBERT
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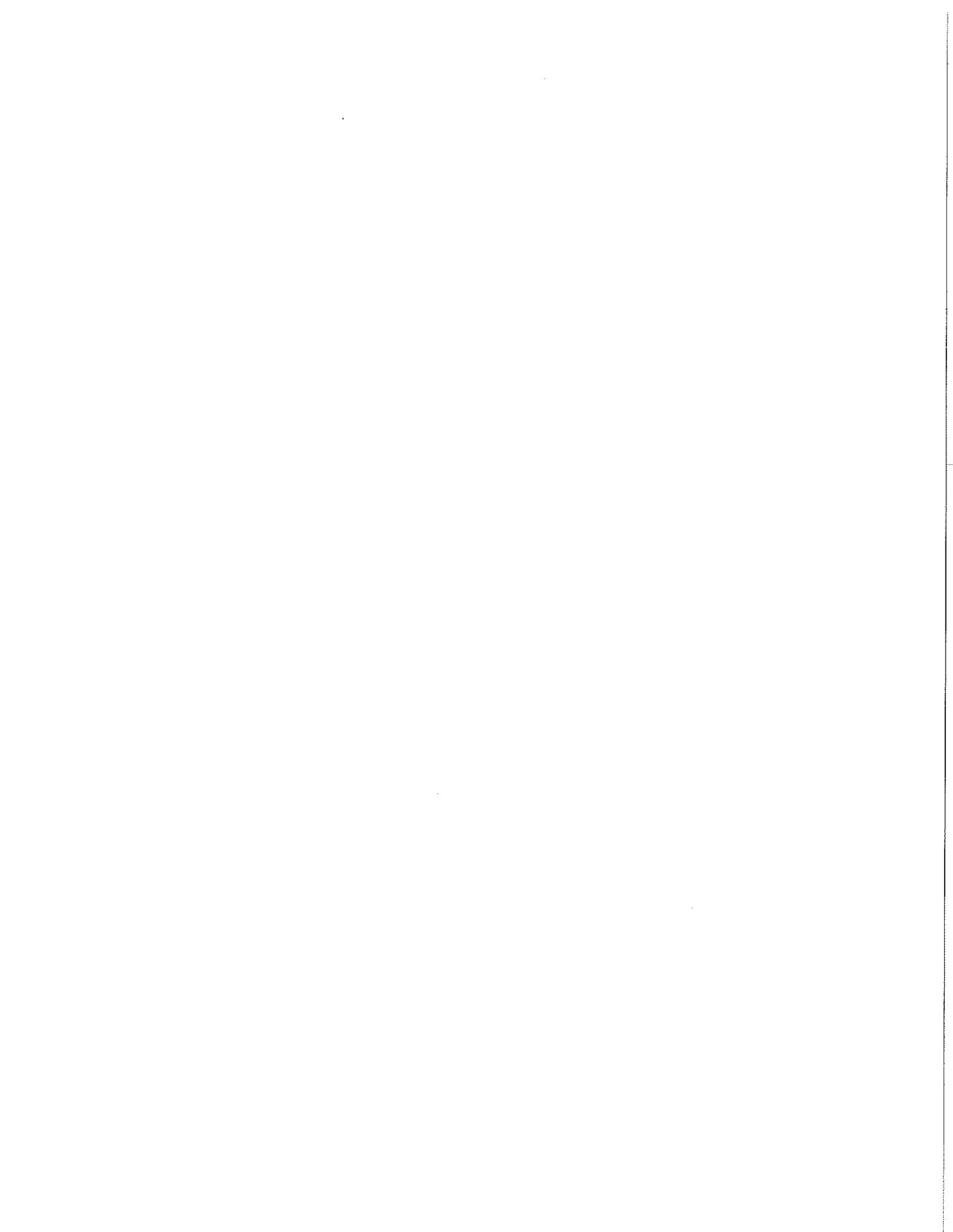
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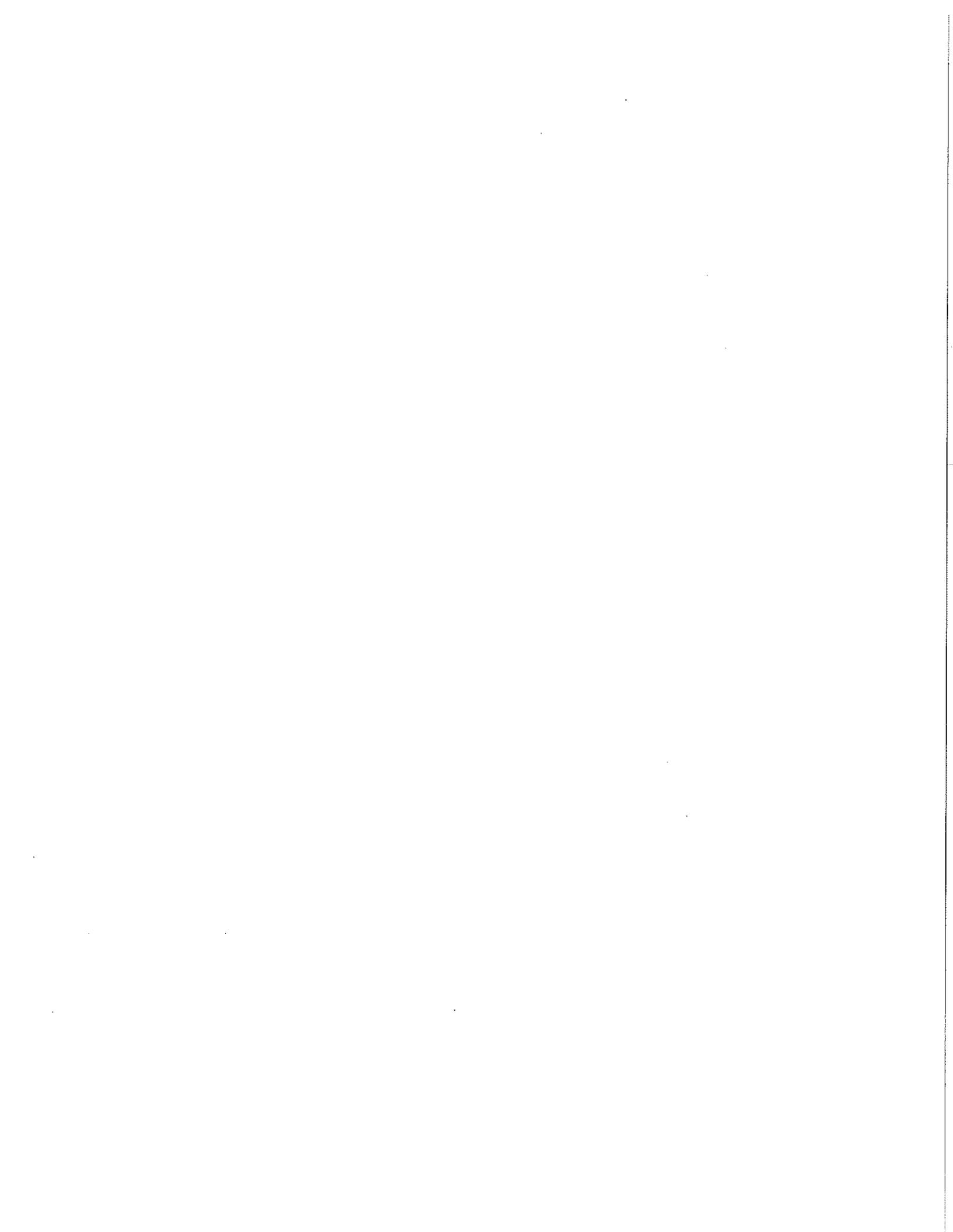
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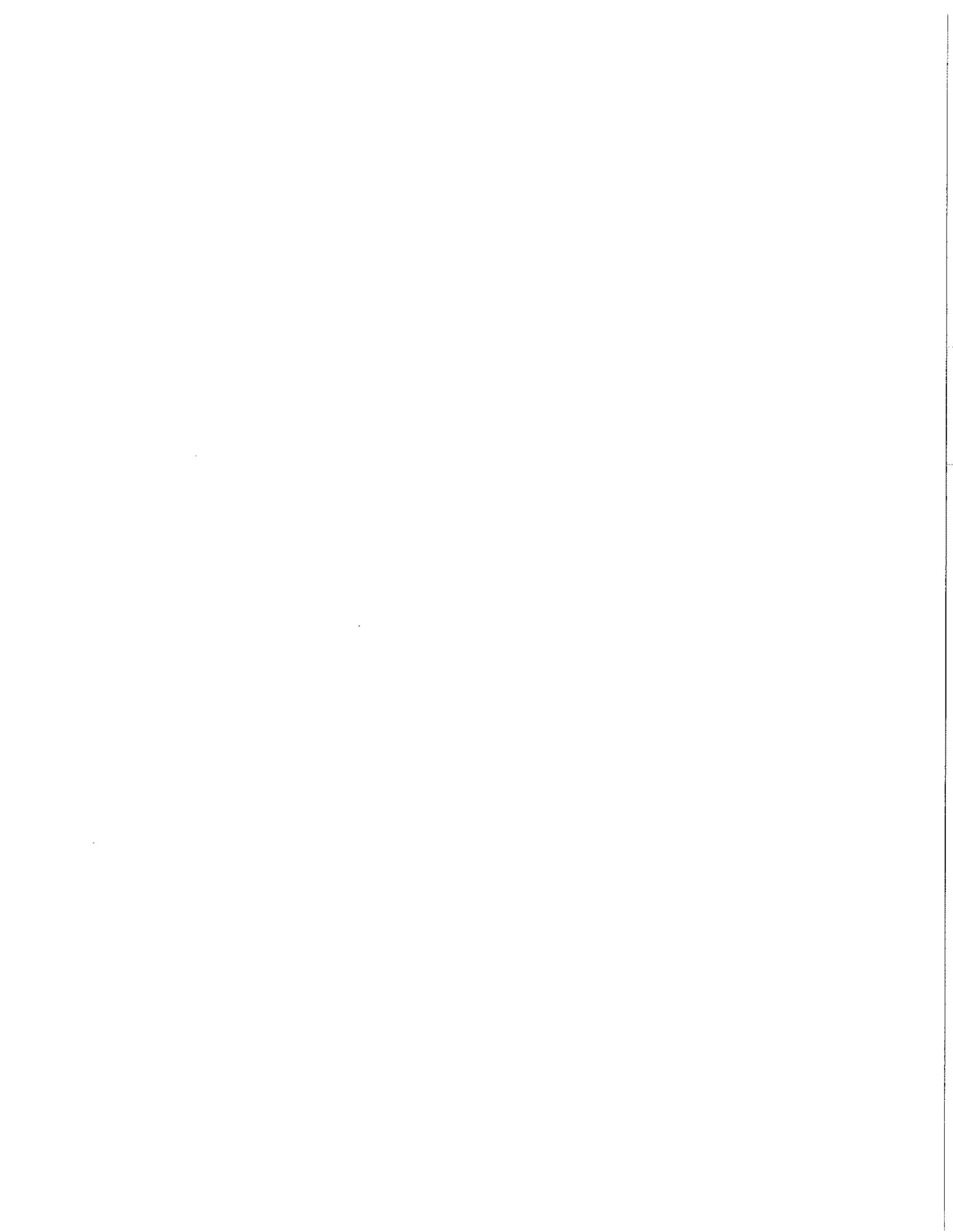
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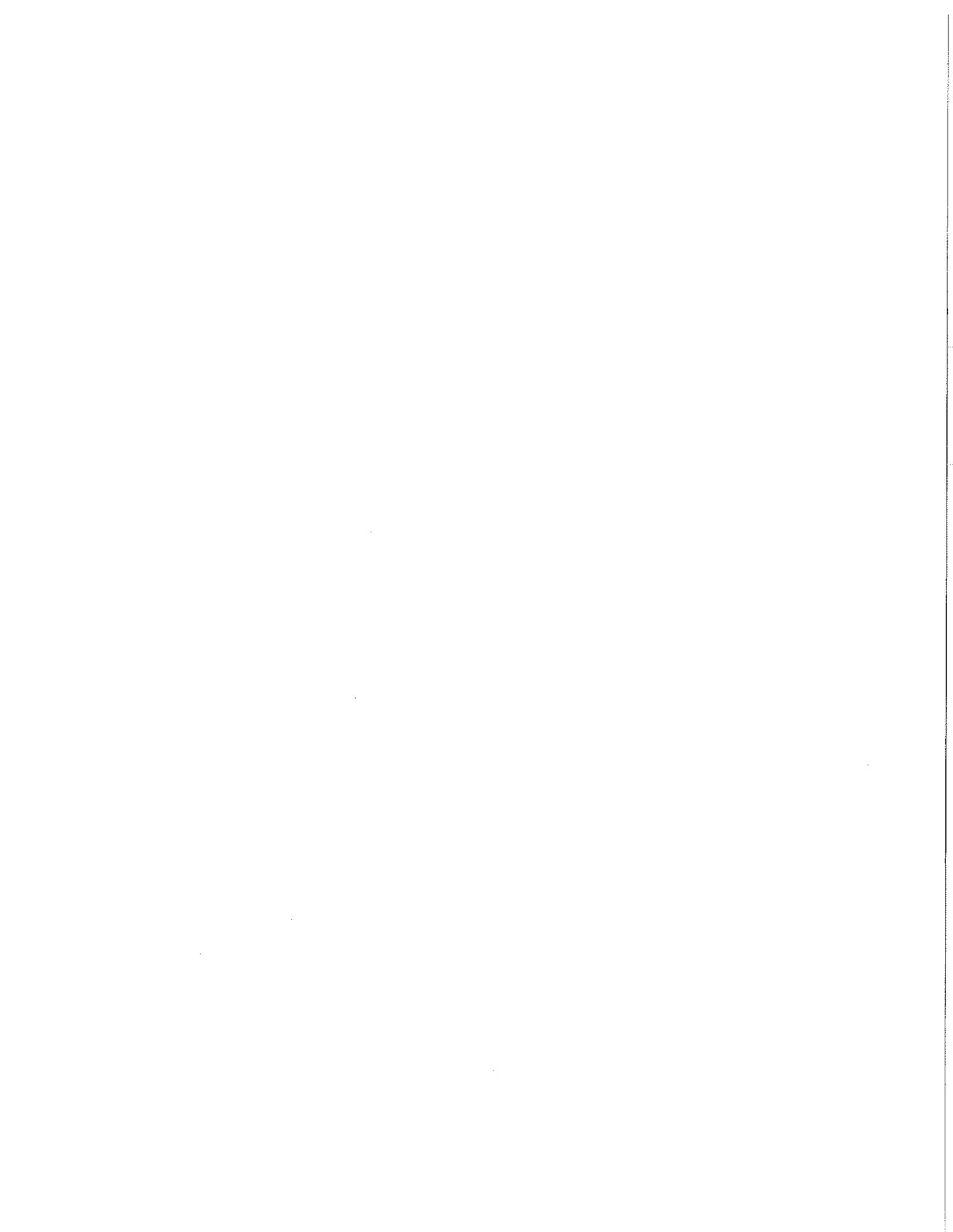
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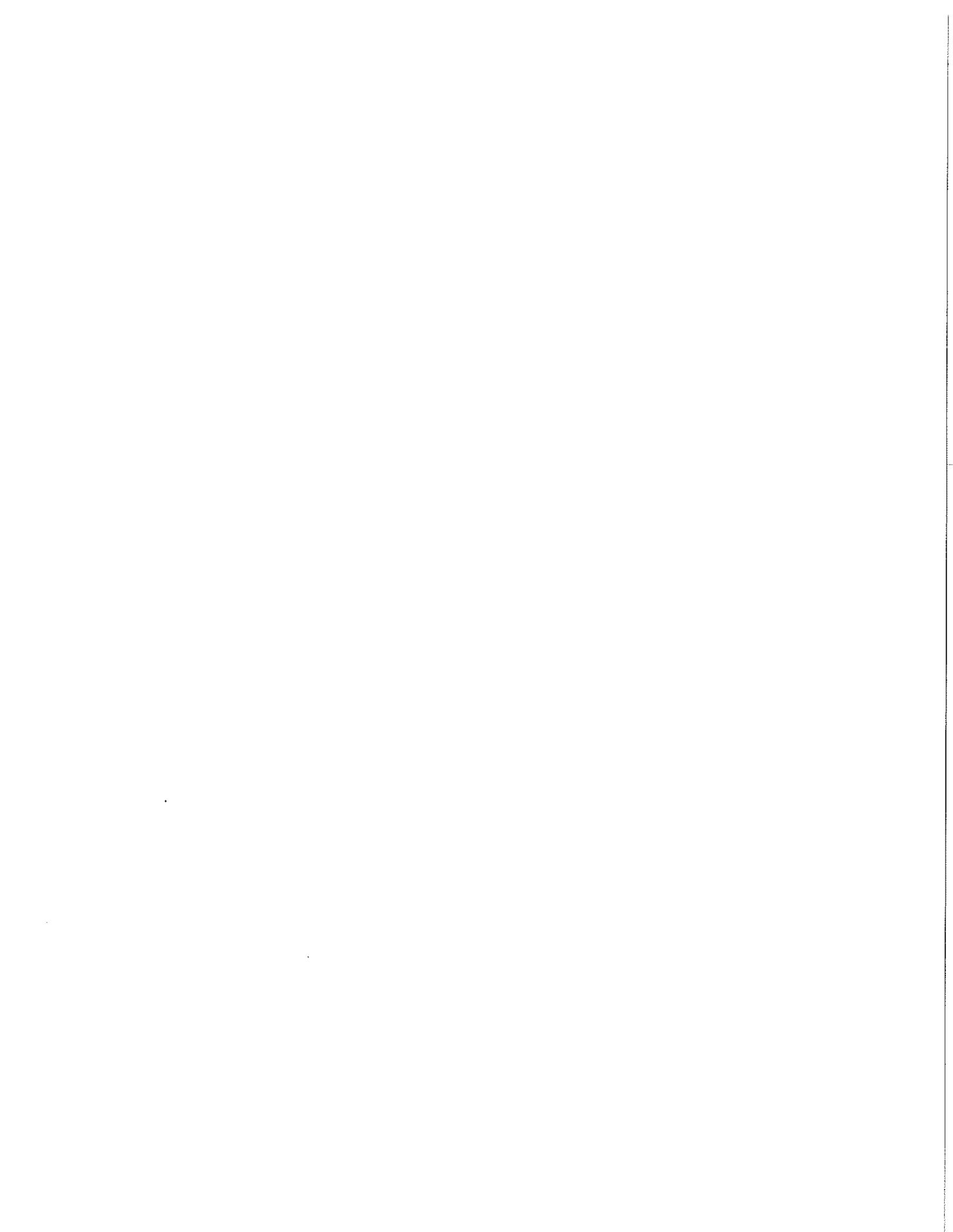
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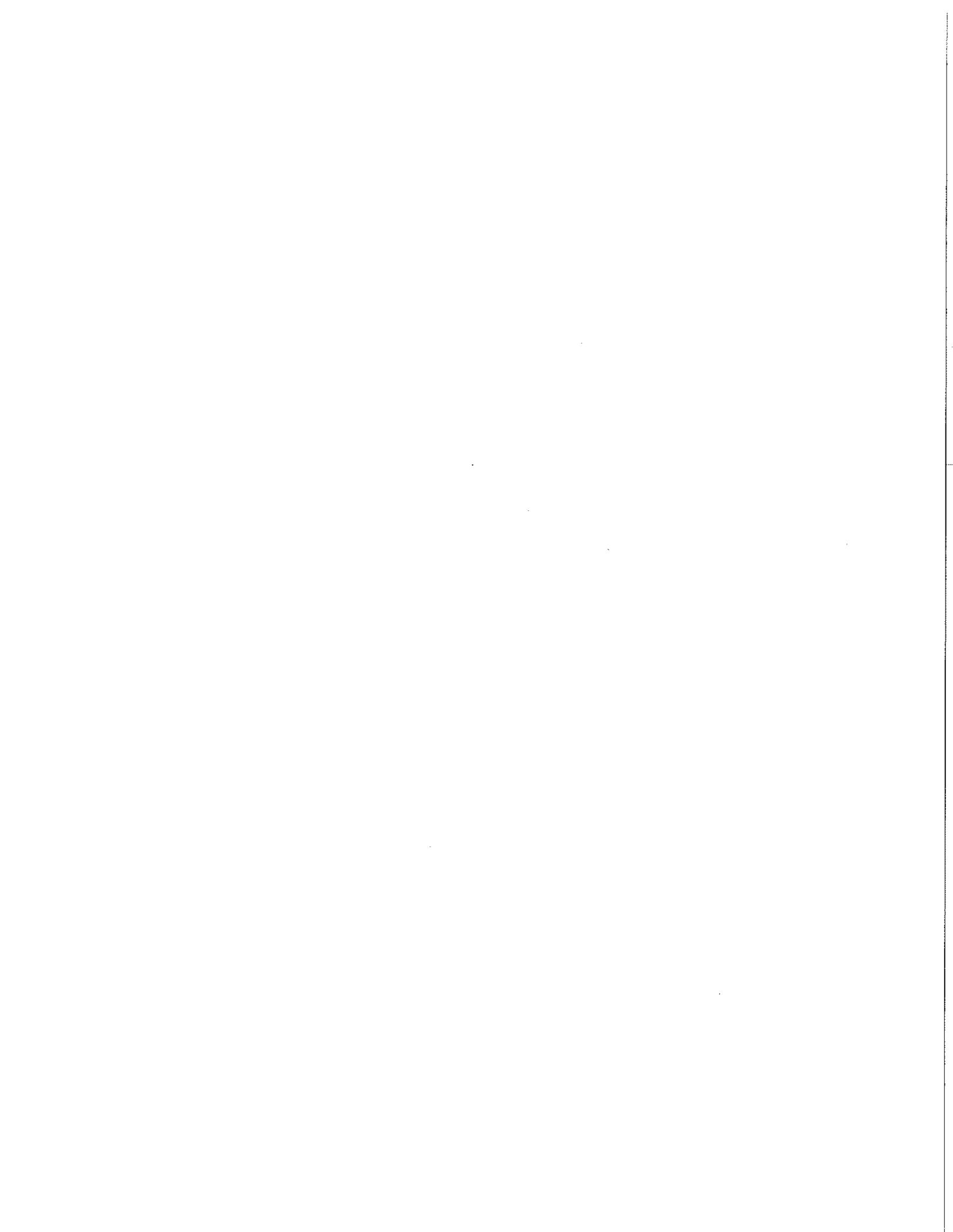
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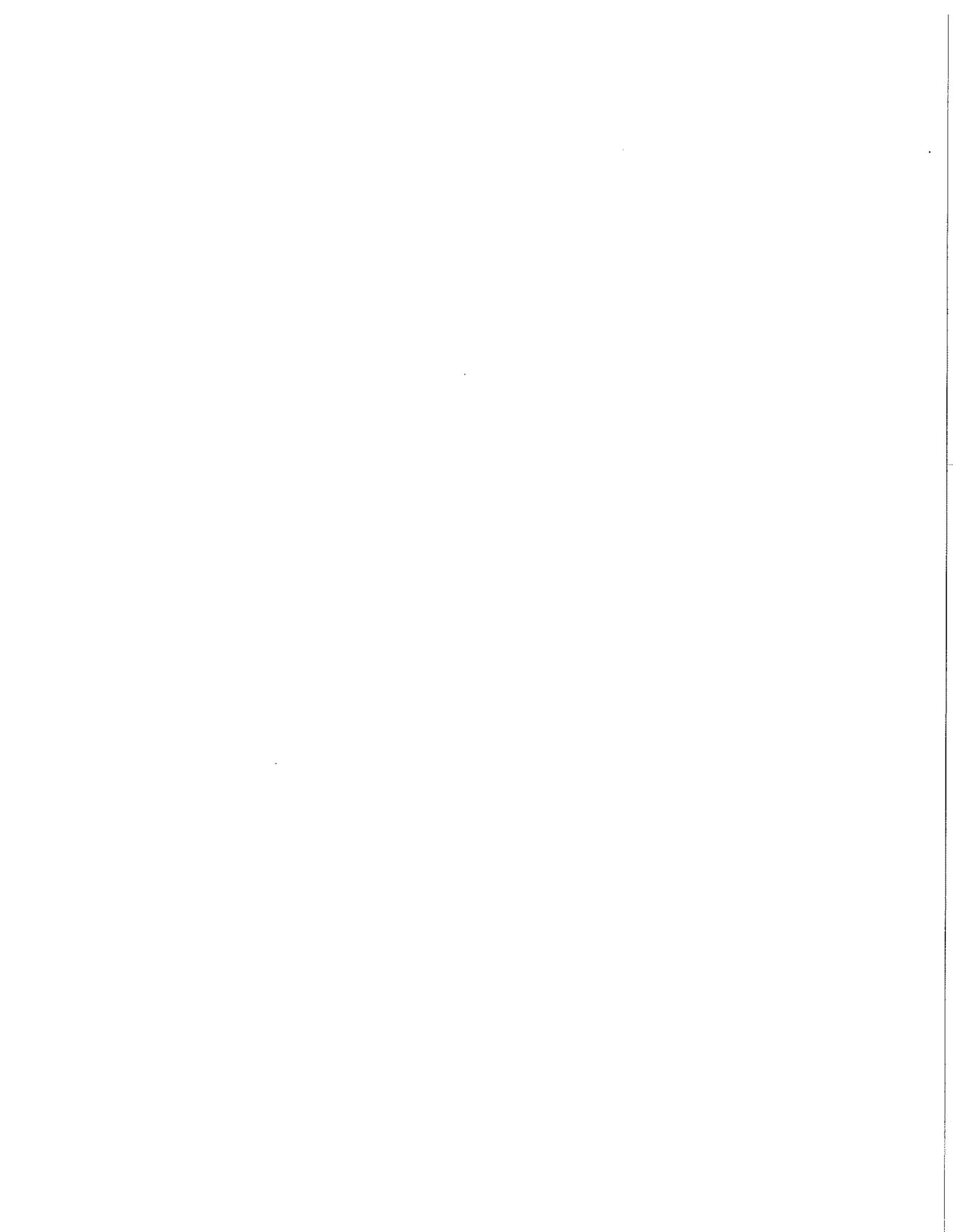
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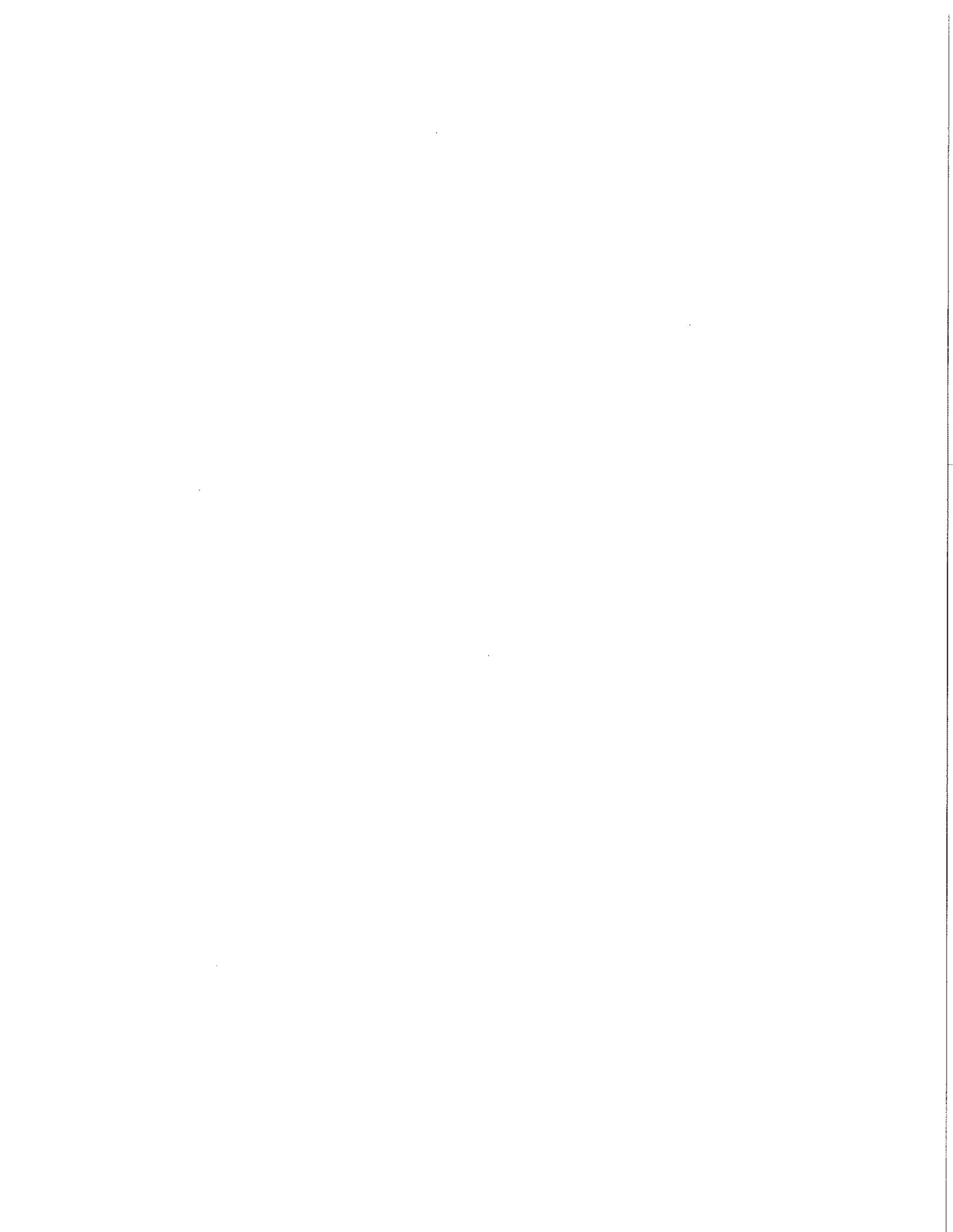
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OREGON HEALTH MANAGEMENT SERVICES	SULLIVAN	KEVIN
OREGON HEALTH MANAGEMENT SERVICES	TAYLOR	BETTY
OREGON HEALTH MANAGEMENT SERVICES	TELFORD	BYRON
OREGON HEALTH MANAGEMENT SERVICES	THEEN	JAMES
OREGON HEALTH MANAGEMENT SERVICES	THOMAS	STEVEN
OREGON HEALTH MANAGEMENT SERVICES	TOMLINSON	DANIEL
OREGON HEALTH MANAGEMENT SERVICES	TOWNSEND	HAL
OREGON HEALTH MANAGEMENT SERVICES	TRASK	DAVID
OREGON HEALTH MANAGEMENT SERVICES	TRAIL	DAVID
OREGON HEALTH MANAGEMENT SERVICES	TRAYNOR	SEAN
OREGON HEALTH MANAGEMENT SERVICES	TRAYNOR	SEAN
OREGON HEALTH MANAGEMENT SERVICES	TREGER	THOMAS
OREGON HEALTH MANAGEMENT SERVICES	TRIBELHORN	DWIGHT
OREGON HEALTH MANAGEMENT SERVICES	TROYCHAK	MICHAEL



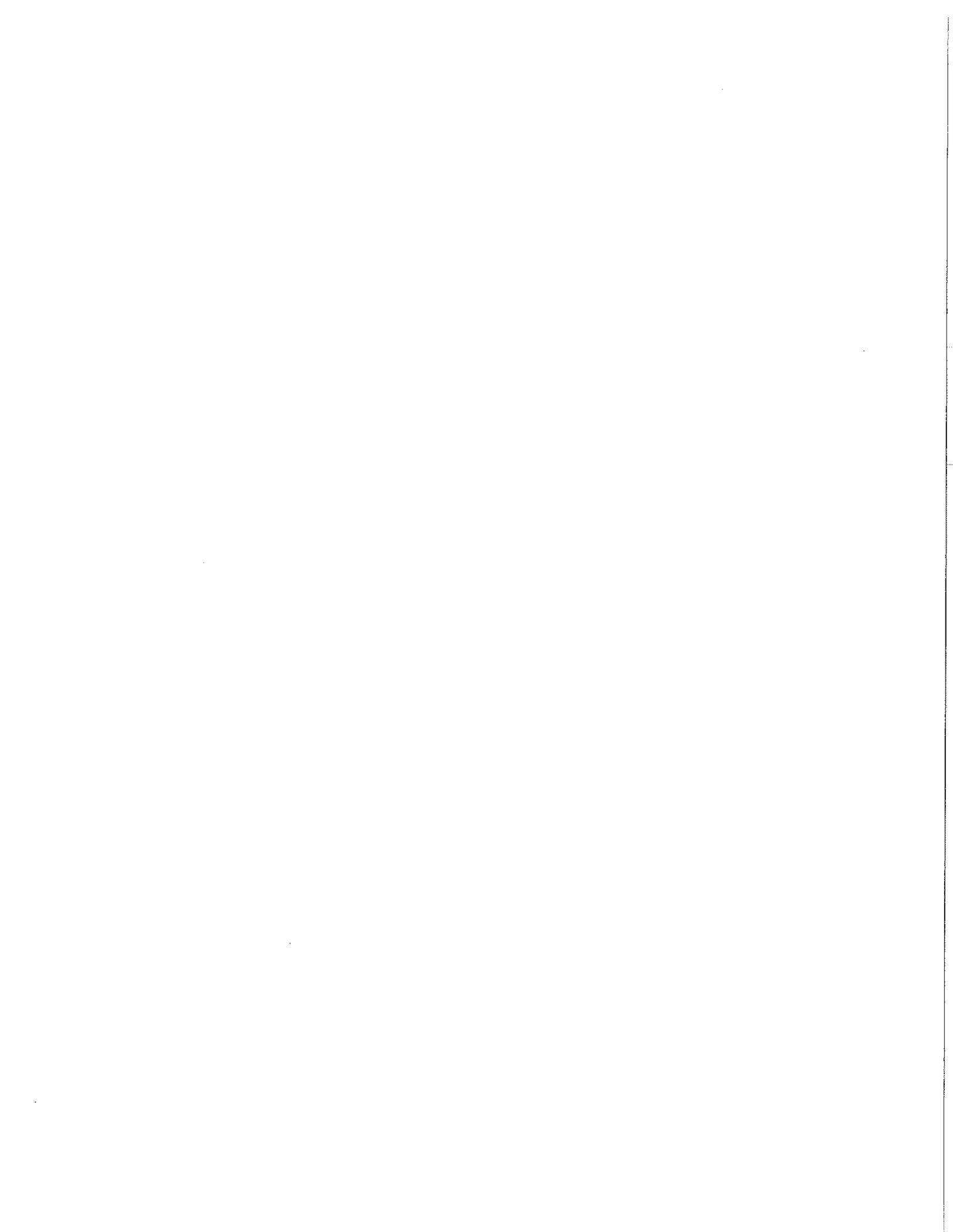
OREGON HEALTH MANAGEMENT SERVICES	TROYCHAK	MICHAEL
OREGON HEALTH MANAGEMENT SERVICES	TRYON	BRIAN
OREGON HEALTH MANAGEMENT SERVICES	TRYON	BRIAN
OREGON HEALTH MANAGEMENT SERVICES	WALKER	JOHN
OREGON HEALTH MANAGEMENT SERVICES	WALKER	DAVID
OREGON HEALTH MANAGEMENT SERVICES	WANG	YUJEN
OREGON HEALTH MANAGEMENT SERVICES	WANG	YUJEN
OREGON HEALTH MANAGEMENT SERVICES	WAYMAN	DANIEL
OREGON HEALTH MANAGEMENT SERVICES	WEBB	ALAN
OREGON HEALTH MANAGEMENT SERVICES	WEHAGE	MARIE
OREGON HEALTH MANAGEMENT SERVICES	WEHAGE	MARIE
OREGON HEALTH MANAGEMENT SERVICES	WEHAGE	MARIE
OREGON HEALTH MANAGEMENT SERVICES	WILKINSON	GEORGE
OREGON HEALTH MANAGEMENT SERVICES	WILLIAMS	KEITH
OREGON HEALTH MANAGEMENT SERVICES	WILLIAMS	DIANE
OREGON HEALTH MANAGEMENT SERVICES	WINTER	TODD
OREGON HEALTH MANAGEMENT SERVICES	WINTERS	GREGORY
OREGON HEALTH MANAGEMENT SERVICES	WITT	LANITA
OREGON HEALTH MANAGEMENT SERVICES	WORLAND	RONALD
OREGON HEALTH MANAGEMENT SERVICES	WU	BRYAN
OREGON HEALTH MANAGEMENT SERVICES	YOUNG	HEATHER
OREGON HEALTH MANAGEMENT SERVICES	YOUNG	MARTIN
OREGON HEALTH MANAGEMENT SERVICES	YOUNG	SCOTT
OREGON HEALTH MANAGEMENT SERVICES	ZAMANIAN	MARYAM
OREGON HEALTH MANAGEMENT SERVICES	ZIA	SHEILA
	FACILITIES	
OREGON HEALTH MANAGEMENT SERVICES	CASCADE SURGERY CENTER, LLC	N/A
OREGON HEALTH MANAGEMENT SERVICES	FAIRVIEW TRANSITIONAL HEALTH CENTER	N/A
OREGON HEALTH MANAGEMENT SERVICES	HIGHLAND HOUSE NURSING & REHAB CENTER	N/A
OREGON HEALTH MANAGEMENT SERVICES	JOSEPHINE COUNTY HEALTH DEPARTMENT	N/A
OREGON HEALTH MANAGEMENT SERVICES	LABCORP	N/A
OREGON HEALTH MANAGEMENT SERVICES	LABCORP	N/A
OREGON HEALTH MANAGEMENT SERVICES	LAUREL HILL NURSING CENTER	N/A
OREGON HEALTH MANAGEMENT SERVICES	MEDICAL EYE CENTER	N/A
OREGON HEALTH MANAGEMENT SERVICES	MEDICAL EYE CENTER	N/A
OREGON HEALTH MANAGEMENT SERVICES	ROGUE VALLEY MEDICAL CENTER	N/A
OREGON HEALTH MANAGEMENT SERVICES	ROYALE GARDENS HEALTH REHAB CENTER	N/A
OREGON HEALTH MANAGEMENT SERVICES	SERVICE DRUG/OUTDOOR WORLD INC	N/A
OREGON HEALTH MANAGEMENT SERVICES	THREE RIVERS COMMUNITY HOSPITAL	N/A



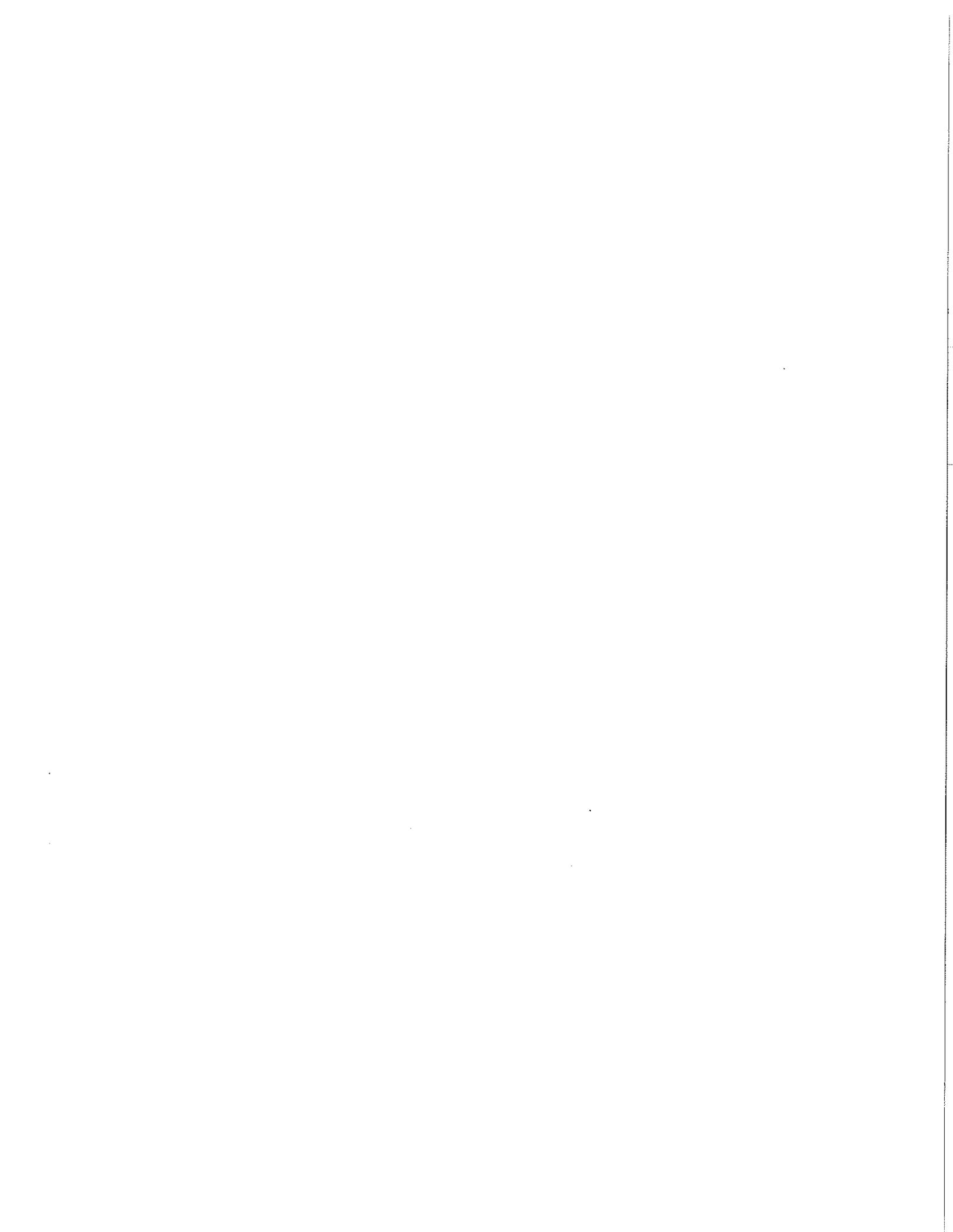
Contractor's Service Area is for Josephine County and including contiguous Douglas County only 97410 and 97442; and including contiguous Jackson Co



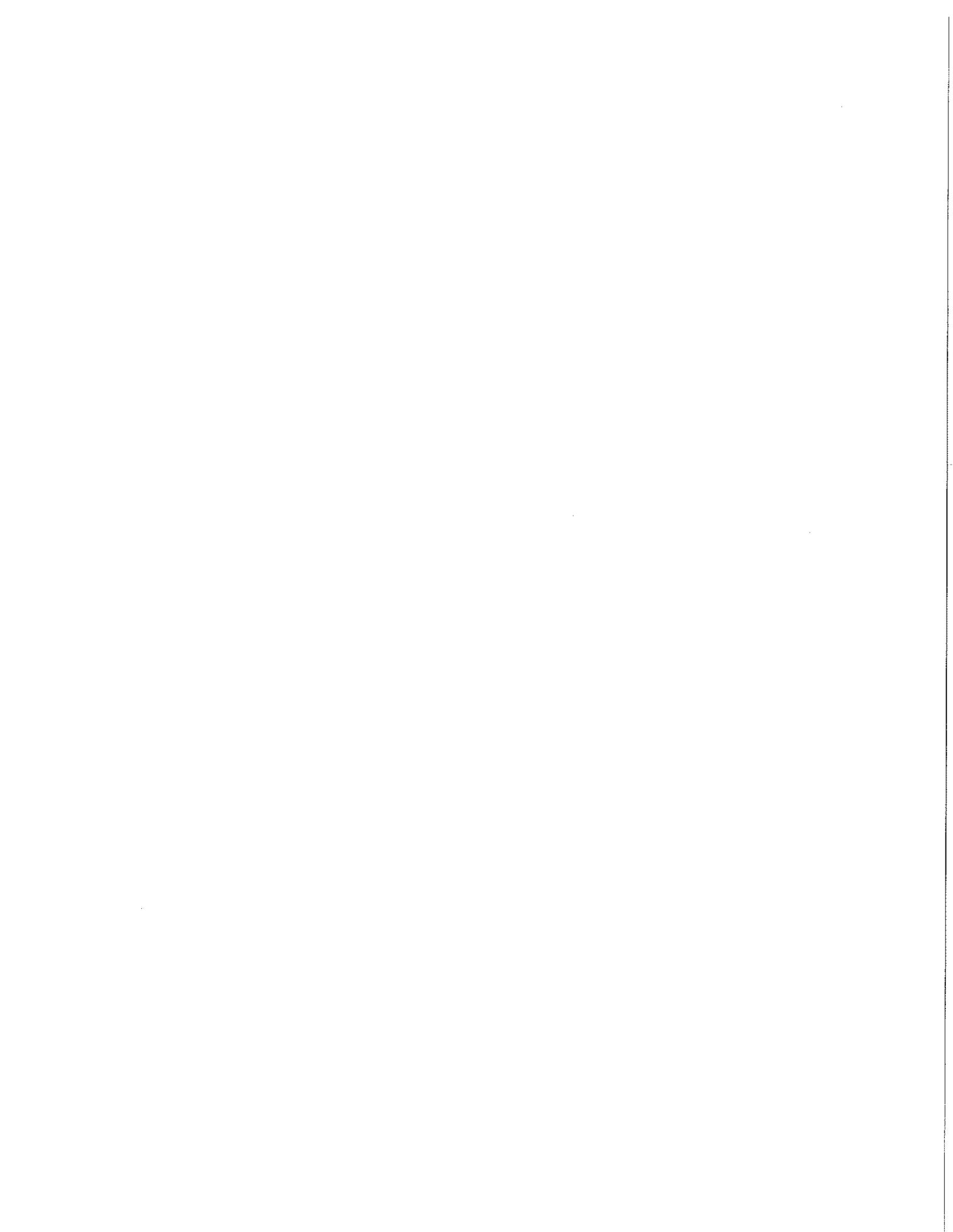
BUSINESS/PRACTICE ADDRESS	BUSINESS/PRACTICE CITY	BUSINESS/PRJ	BUSINESS COUNTY	PROVIDER TYPE	SPECIALITY	PROVIDER'S ID	OTHER PROVIDER	PCP ID
495 SW RAMSEY AVENUE	GRANTS PASS	97527-5681	JOSEPHINE					
495 SW RAMSEY AVENUE	GRANTS PASS	97527-5681	JOSEPHINE	34	300	500623060	113432258	N
495 SW RAMSEY AVENUE	GRANTS PASS	97527-5681	JOSEPHINE	34	249	005137	1992700850	N
495 SW RAMSEY AVENUE	GRANTS PASS	97527-5681	JOSEPHINE	34	262	057054	1144229921	Y
495 SW RAMSEY AVENUE	GRANTS PASS	97527-5681	JOSEPHINE	19	130	226402	1003811894	N
495 SW RAMSEY AVENUE	GRANTS PASS	97527-5681	JOSEPHINE	42	364	500626132	1023326741	Y
495 SW RAMSEY AVENUE	GRANTS PASS	97527-5681	JOSEPHINE	34	262	226862	1760487557	Y
495 SW RAMSEY AVENUE	GRANTS PASS	97527-5681	JOSEPHINE	34	262	149976	1922003714	Y
495 SW RAMSEY AVENUE	GRANTS PASS	97527-5681	JOSEPHINE	34	283	234914	1558366344	Y
495 SW RAMSEY AVENUE	GRANTS PASS	97527-5681	JOSEPHINE	42	364	039052	1437155504	Y
495 SW RAMSEY AVENUE	GRANTS PASS	97527-5681	JOSEPHINE	34	249	151207	1528063310	Y
495 SW RAMSEY AVENUE	GRANTS PASS	97527-5681	JOSEPHINE	34	262	288080	1972519767	N
495 SW RAMSEY AVENUE	GRANTS PASS	97527-5681	JOSEPHINE	34	283	50627555	1124123351	Y
495 SW RAMSEY AVENUE	GRANTS PASS	97527-5681	JOSEPHINE	34	262	234971	1700882065	N
495 SW RAMSEY AVENUE	GRANTS PASS	97527-5681	JOSEPHINE	34	262	004510	1346245131	Y
495 SW RAMSEY AVENUE	GRANTS PASS	97527-5681	JOSEPHINE	34	262	150866	1255336046	Y
495 SW RAMSEY AVENUE	GRANTS PASS	97527-5681	JOSEPHINE	34	262	287582	1750387825	Y
495 SW RAMSEY AVENUE	GRANTS PASS	97527-5681	JOSEPHINE	34	244	269788	1619977089	Y
495 SW RAMSEY AVENUE	GRANTS PASS	97527-5681	JOSEPHINE	34	244	287023	1679534002	Y
495 SW RAMSEY AVENUE	GRANTS PASS	97527-5681	JOSEPHINE	34	300	074526	1164427951	N
495 SW RAMSEY AVENUE	GRANTS PASS	97527-5681	JOSEPHINE	34	249	287275	1134125172	Y
495 SW RAMSEY AVENUE	GRANTS PASS	97527-5681	JOSEPHINE	34	262	237461	1043216088	N
495 SW RAMSEY AVENUE	GRANTS PASS	97527-5681	JOSEPHINE	34	262	150078	1396741294	Y
495 SW RAMSEY AVENUE	GRANTS PASS	97527-5681	JOSEPHINE	34	262	267740	1245236116	Y
495 SW RAMSEY AVENUE	GRANTS PASS	97527-5681	JOSEPHINE	34	262	032503	1770572380	N
495 SW RAMSEY AVENUE	GRANTS PASS	97527-5681	JOSEPHINE	34	249	500622415	1104071224	Y
495 SW RAMSEY AVENUE	GRANTS PASS	97527-5681	JOSEPHINE	34	262	232500	1780649939	Y
201 NE SAVAGE STREET	GRANTS PASS	97526-1309	JOSEPHINE	42	360	500608213	1427028224	Y
18173 REDWOOD HWY.	SELMA	97538-9732	JOSEPHINE					
18173 REDWOOD HWY.	SELMA	97538-9732	JOSEPHINE	34	249	077185	1699767103	Y
181 NW BUNNELL AVENUE	GRANTS PASS	97526-6012	JOSEPHINE	42	364	100252	1174571186	Y
1465 NE 7TH STREET, SUITE B	GRANTS PASS	97526-1400	JOSEPHINE					
1465 NE 7TH STREET, SUITE B	GRANTS PASS	97526-1400	JOSEPHINE	42	362	080965	1649261132	Y



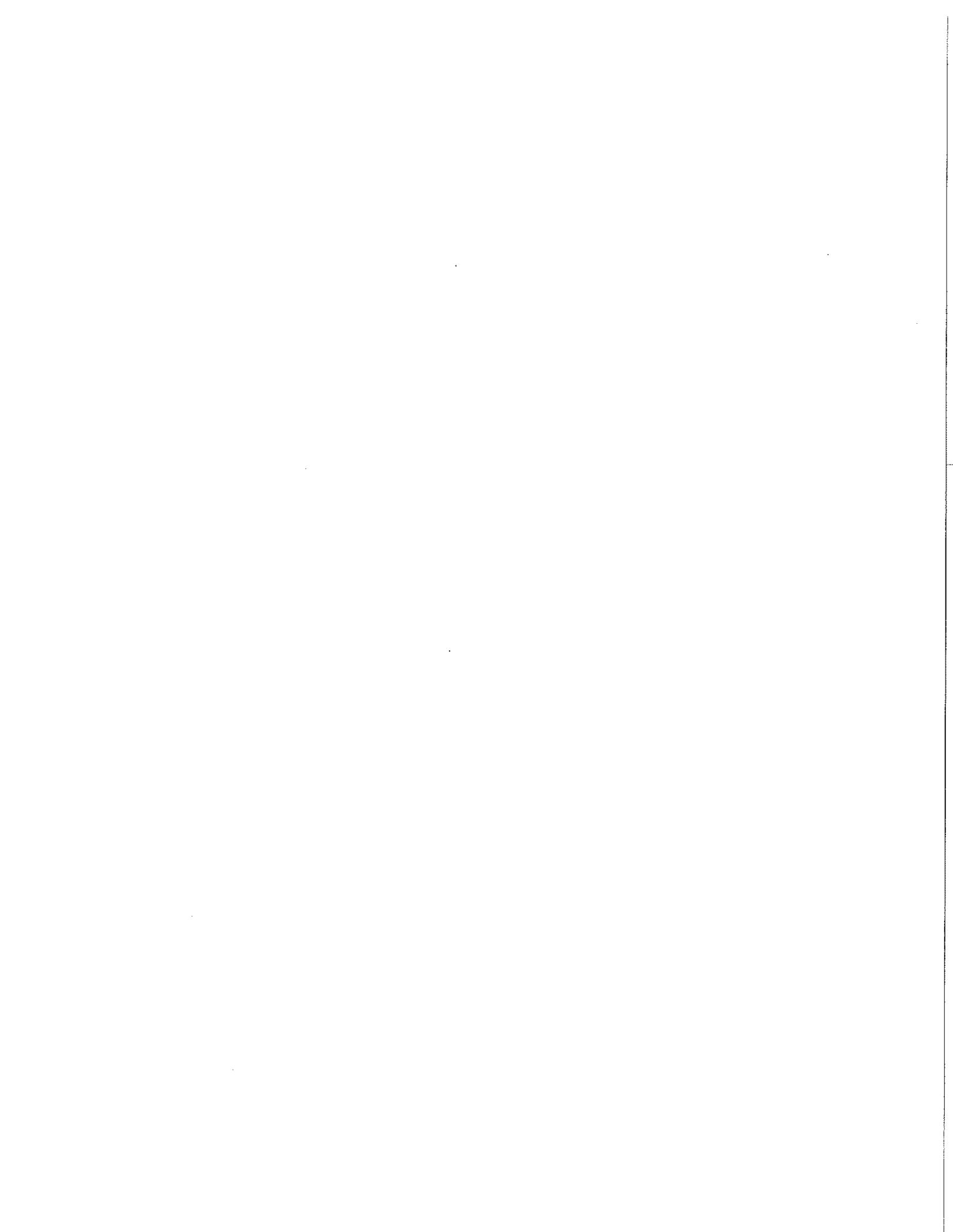
1465 NE 7TH STREET, SUITE B	GRANTS PASS	97526-1400	JOSEPHINE	34	249	011556	1588609853	Y
125 NE MANZANITA AVENUE	GRANTS PASS	97526-1400	JOSEPHINE					
125 NE MANZANITA AVENUE	GRANTS PASS	97526-1400	JOSEPHINE	15	91	127725	1942289277	Y
125 NE MANZANITA AVENUE	GRANTS PASS	97526-1400	JOSEPHINE	15	91	127725	1891928495	Y
125 NE MANZANITA AVENUE	GRANTS PASS	97526-1400	JOSEPHINE	15	91	127725	1952483885	Y
125 NE MANZANITA AVENUE	GRANTS PASS	97526-1400	JOSEPHINE	15	91	127725	1851360002	Y
125 NE MANZANITA AVENUE	GRANTS PASS	97526-1400	JOSEPHINE	15	91	127725	1740272285	Y
125 NE MANZANITA AVENUE	GRANTS PASS	97526-1400	JOSEPHINE	15	91	127725	1790777233	Y
125 NE MANZANITA AVENUE	GRANTS PASS	97526-1400	JOSEPHINE	15	91	127725	1346318789	Y
125 NE MANZANITA AVENUE	GRANTS PASS	97526-1400	JOSEPHINE	46	395	127725	1093782914	Y
25647 REDWOOD HWY, PO BOX	CAVE JUNCTION	97523-0185	JOSEPHINE					
25647 REDWOOD HWY, PO BOX	CAVE JUNCTION	97523-0185	JOSEPHINE	15	91	127725	1114092079	Y
25647 REDWOOD HWY, PO BOX	CAVE JUNCTION	97523-0185	JOSEPHINE	15	91	127725	1669588315	Y
25647 REDWOOD HWY, PO BOX	CAVE JUNCTION	97523-0185	JOSEPHINE	15	91	127725	1457676165	Y
25647 REDWOOD HWY, PO BOX	CAVE JUNCTION	97523-0185	JOSEPHINE	15	91	127725	1275525719	Y
25647 REDWOOD HWY, PO BOX	CAVE JUNCTION	97523-0185	JOSEPHINE	15	91	127725	1578562401	Y
25647 REDWOOD HWY, PO BOX	CAVE JUNCTION	97523-0185	JOSEPHINE	15	91	127725	1558360180	Y
910 S CENTRAL AVENUE	MEDFORD	97501-8957	JACKSON	42	367	022868	1962462408	N
910 S CENTRAL AVENUE	MEDFORD	97501-8957	JACKSON	42	367	022868	1215127519	N
910 S CENTRAL AVENUE	MEDFORD	97501-8957	JACKSON	34	275	038260	1780778225	N
910 S CENTRAL AVENUE	MEDFORD	97501-8957	JACKSON	34	275	141077	1891730826	N
910 S CENTRAL AVENUE	MEDFORD	97501-8957	JACKSON	42	364	227698	1891792438	N
3617 S PACIFIC HWY	MEDFORD	97501-8957	JACKSON	34	249	022868	1518048438	Y
3617 S PACIFIC HWY	MEDFORD	97501-8957	JACKSON	42	364	022868	1477644052	Y
3617 S PACIFIC HWY	MEDFORD	97501-8957	JACKSON	34	249	022868	1265497846	Y
3617 S PACIFIC HWY	MEDFORD	97501-8957	JACKSON	42	364	022868	1942242193	Y
3617 S PACIFIC HWY	MEDFORD	97501-8957	JACKSON	34	249	022868	1518904903	Y
1307 WEST MAIN STREET	MEDFORD	97501-8957	JACKSON	42	364	022868	1629046446	Y
1307 WEST MAIN STREET	MEDFORD	97501-8957	JACKSON	34	249	081930	1386687283	Y
1307 WEST MAIN STREET	MEDFORD	97501-8957	JACKSON	42	364	022868	1306889969	Y
700 SW RAMSEY AVE, SUITE 101	GRANTS PASS	97527-5788	JOSEPHINE	42	363	500629009	1447550314	N
2828 EAST BARNETT ROAD	MEDFORD	97504-6194	JACKSON	34	278	264408	1124073671	N
940 ROYAL AVENUE, SUITE 100	MEDFORD	97504-6194	JACKSON	34	278	264408	1124073671	N
1600 NW 6TH STREET	GRANTS PASS	97526-1071	JOSEPHINE	34	300	500636554	1093925182	N
702 SW RAMSEY AVENUE, SUITE	GRANTS PASS	97527-5681	JOSEPHINE	34	279	178954	1831192745	N
625 SW RAMSEY AVENUE, SUITE	GRANTS PASS	97526-1400	JOSEPHINE	45	420	182074	1366442352	N



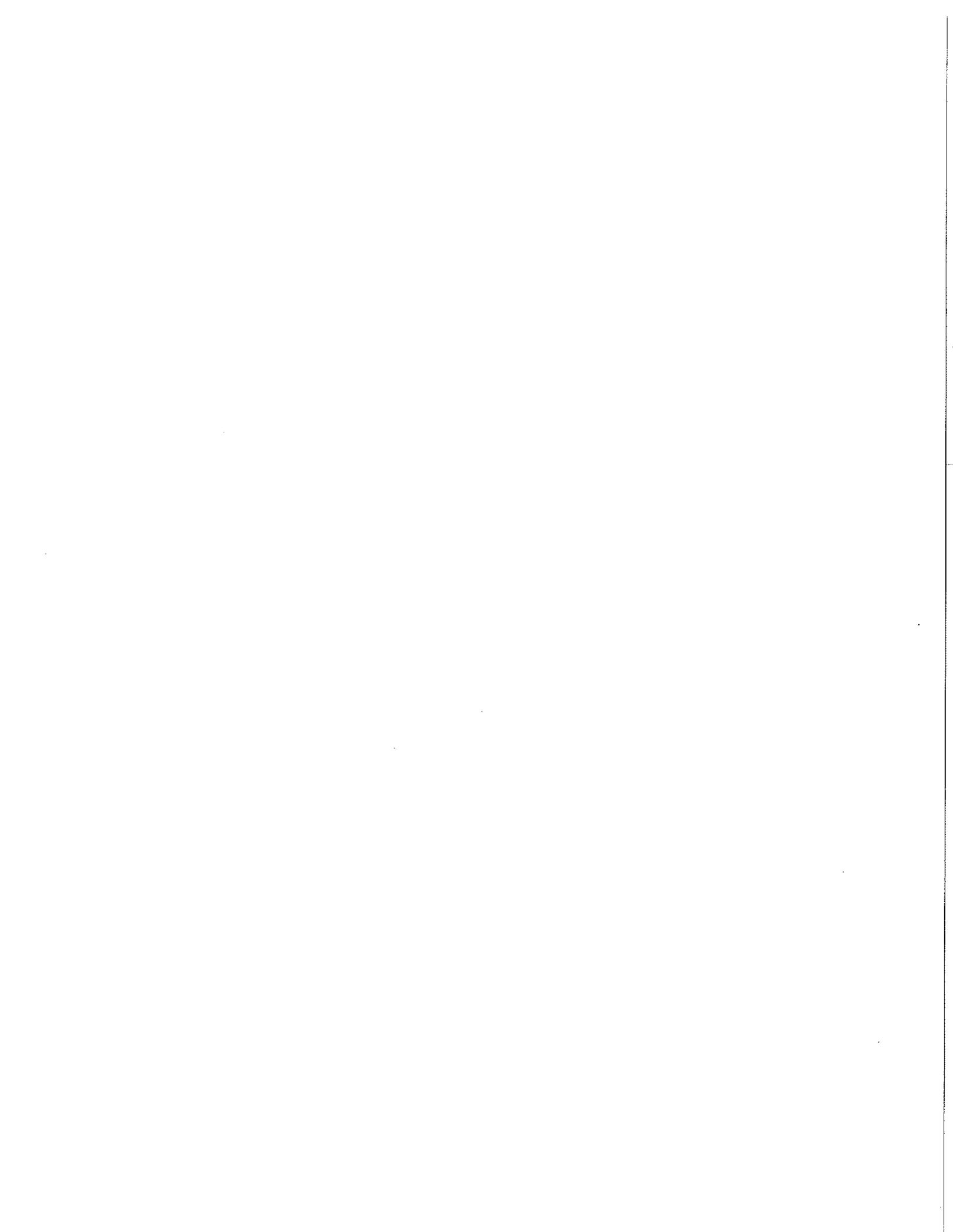
700 SW RAMSEY AVENUE, SUITE	GRANTS PASS	97527-5681	JOSEPHINE	34	276	057682	1417950312	N
702 SW RAMSEY AVENUE, SUITE	GRANTS PASS	97527-5681	JOSEPHINE	34	279	022588	1275516593	N
1309 NE 6TH STREET	GRANTS PASS	97526-1424	JOSEPHINE	46	395	500624615	1073588679	N
1227 NW 7TH STREET	GRANTS PASS	97526-1424	JOSEPHINE	19	130	118716	1205839057	N
700 SW RAMSEY AVENUE SUITE	GRANTS PASS	97527-5681	JOSEPHINE	34	276	242804	1124036280	M
700 SW RAMSEY AVENUE, SUITE	GRANTS PASS	97527-5681	JOSEPHINE	34	276	287506	1346243771	N
700 SW RAMSEY AVENUE SUITE	GRANTS PASS	97527-5681	JOSEPHINE	34	275	213840	1942292305	N
625 SW RAMSEY AVENUE, SUITE	GRANTS PASS	97526-1400	JOSEPHINE	45	390	158775	1083614077	N
2828 EAST BARNETT ROAD	MEDFORD	97504-8342	JACKSON	46	395	500629099	1326237157	N
1226 NE 7TH STREET	GRANTS PASS	97526-1400	JOSEPHINE	34	274	242901	1912071036	N
1600 NW 6TH STREET, NORTH S	GRANTS PASS	97526-1071	JOSEPHINE	34	300	024059	1841293156	N
2828 EAST BARNETT ROAD	MEDFORD	97504-6194	JACKSON	34	255	046057	1245286301	N
940 ROYAL AVENUE, SUITE 100	MEDFORD	97504-6194	JACKSON	34	255	046057	1245286301	N
625 SW RAMSEY AVENUE, SUITE	GRANTS PASS	97527-5681	JOSEPHINE	34	279	064043	1538166756	N
520 MEDICAL CENTER DRIVE, SU	MEDFORD	97504-8332	JACKSON	34	237	500636087	184376423	N
1246 NE 7TH STREET, SUITE B	GRANTS PASS	97526-1400	JOSEPHINE	45	420	241814	1730233099	N
1600 NW 6TH STREET, NORTH S	GRANTS PASS	97526-1071	JOSEPHINE	34	240	057047	1730233099	N
1600 NW 6TH STREET, SOUTH S	GRANTS PASS	97506-1064	JOSEPHINE	34	280	073655	1467455774	N
873 NE 7TH STREET	GRANTS PASS	97526-1400	JOSEPHINE	45	420	196097	1366428054	N
2828 EAST BARNETT ROAD	MEDFORD	97504-6194	JACKSON	46	395	500639226	1336189547	N
940 ROYAL AVENUE, SUITE 100	MEDFORD	97504-6194	JACKSON	46	395	500639226	1336189547	N
1619 NW HAWTHORNE AVE #102	GRANTS PASS	97527-5681	JOSEPHINE	34	279	242598	1124083092	N
625 SW RAMSEY AVENUE, SUITE	GRANTS PASS	97527-5681	JOSEPHINE	45	390	279178	1609059484	N
625 SW RAMSEY AVENUE, SUITE	GRANTS PASS	97527-5681	JOSEPHINE	45	420	299816	1447250436	N
2828 E BARNETT ROAD	MEDFORD	97504-6194	JACKSON	34	278	022778	1386696490	N
940 ROYAL AVENUE SUITE 100	MEDFORD	97504-6194	JACKSON	34	278	022778	1386696490	N
520 SW RAMSEY AVENUE, SUITE	GRANTS PASS	97527-5681	JOSEPHINE	34	278	022778	1386696490	N
305 NE 7TH STREET	GRANTS PASS	97526-1400	JOSEPHINE	45	420	024581	1780844647	N
520 SW RAMSEY AVENUE, SUITE	GRANTS PASS	97527-5681	JOSEPHINE	34	300	234880	1144223421	N
873 NE 7TH STREET	GRANTS PASS	97526-1400	JOSEPHINE	45	420	298812	1083662399	N
625 SW RAMSEY AVENUE, SUITE	GRANTS PASS	97527-5681	JOSEPHINE	46	395	064043	1982603395	N
1600 NW 6TH STREET, NORTH S	GRANTS PASS	97526-1400	JOSEPHINE	34	252	299507	1528114113	N
940 ROYAL AVENUE, SUITE 100	MEDFORD	97504-6194	JOSEPHINE	34	255	235309	195235500	N
2828 E BARNETT ROAD	MEDFORD	97504-6194	JOSEPHINE	34	255	235309	1952355000	N
700 SW RAMSEY #101	GRANTS PASS	97527-5681	JOSEPHINE	34	275	500623544	1801910849	N
1601 NE 6TH STREET	GRANTS PASS	97526-1035	JOSEPHINE	34	268	229260	1548263890	N
2828 E BARNETT ROAD	MEDFORD	97504-6194	JOSEPHINE	34	255	082557	1104866193	N
940 ROYAL AVENUE, SUITE 100	MEDFORD	97504-6194	JOSEPHINE	34	262	082557	1104866193	N
1226 NE 7TH STREET	GRANTS PASS	97526-1424	JOSEPHINE	34	274	278297	1982630695	N
1226 NE 7TH STREET	GRANTS PASS	97526-1424	JOSEPHINE	34	274	111138	1376346614	N



1226 NE 7TH STREET	GRANTS PASS	97526-1424	JOSEPHINE	34	274	063789	1760489991	N
874 NE 7TH STREET	GRANTS PASS	97526-1635	JOSEPHINE	34	295	009576	1114019494	N
625 RAMSEY AVENUE, SUITE B	GRANTS PASS	97527-5681	JOSEPHINE	45	420	278363	1174687263	N
1022 NW 6TH STREET	GRANTS PASS	97526-1400	JOSEPHINE	34	274	122960	1720171432	N
702 SW RAMSEY AVENUE, SUITE	GRANTS PASS	97527-5681	JOSEPHINE	42	364	275474	1841293180	N
700 SW RAMSEY AVENUE, SUITE	GRANTS PASS	97527-5681	JOSEPHINE	34	276	286843	1053314377	N
1619 NW HAWTHORNE AVE	GRANTS PASS	97526-1400	JOSEPHINE	19	130	150343	1346240272	N
1226 NE 7TH STREET	GRANTS PASS	97526-1424	JOSEPHINE	34	274	009477	1093718322	N
1600 NW 6TH STREET, SOUTH S	GRANTS PASS	97526-1400	JOSEPHINE	34	280	807126	1376570440	N
1246 NE 7TH STREET, SUITE B	GRANTS PASS	97526-1400	JOSEPHINE	45	420	241814	1922131606	N
520 SW RAMSEY AVE, SUITE 204	GRANTS PASS	97527-5681	JOSEPHINE	34	300	500612511	1649499443	N
497 SW RAMSEY AVENUE	GRANTS PASS	97527-5681	JOSEPHINE	45	420	182506	1770565558	N
497 SW RAMSEY AVENUE	GRANTS PASS	97527-5681	JOSEPHINE	45	420	043542	1992705909	N
1600 NW 6TH STREET, NORTH S	GRANTS PASS	97526-1400	JOSEPHINE	34	300	218727	1700883956	N
1022 NW 6TH STREET	GRANTS PASS	97526-1400	JOSEPHINE	34	274	298081	1578567244	N
335 CAVES HWY	CAVE JUNCTION	97523-9604	JOSEPHINE	34	274	298081	1578567244	N
1619 NW HAWTHORNE AVENUE,	GRANTS PASS	97526-1537	JOSEPHINE	34	279	096396	1104913433	N
873 NE 7TH STREET	GRANTS PASS	97526-7895	JOSEPHINE	45	390	158633	1336475458	N
940 ROYAL AVENUE, SUITE 100	MEDFORD	97504-6194	JACKSON	34	255	286924	1255383337	N
2828 E BARNETT ROAD	MEDFORD	97504-6194	JACKSON	34	255	286924	1255383337	N
520 SW RAMSEY DRIVE	GRANTS PASS	97527-5681	JOSEPHINE	34	255	286924	1255383337	N
874 NE 7TH STREET	GRANTS PASS	97526-1635	JOSEPHINE	46	395	500635142	1962712547	N
625 SW RAMSEY AVENUE, SUITE	GRANTS PASS	97527-5681	JOSEPHINE	34	291	182072	1457351447	N
1022 NW 6TH STREET	GRANTS PASS	97526-1400	JOSEPHINE	34	274	276057	1033211230	N
335 CAVES HWY	CAVE JUNCTION	97523-9604	JOSEPHINE	34	274	276057	1033211230	N
2828 E BARNETT ROAD	MEDFORD	97504-6194	JACKSON	34	277	005887	1699727891	N
520 SW RAMSEY AVENUE SUITE	GRANTS PASS	97527-5681	JOSEPHINE	34	277	005887	1699727891	N
1600 NORTH 6TH STREET, NORT	GRANTS PASS	97526-1094	JOSEPHINE	34	300	150047	1285637579	N
1309 NE 6TH STREET	GRANTS PASS	97526-1400	JOSEPHINE	34	242	500612166	1487738134	N
1619 NW HAWTHORNE AVE	GRANTS PASS	97526-6008	JOSEPHINE	19	130	150459	1518967447	N
940 ROYAL AVE, SUITE 100	MEDFORD	97504-9164	JACKSON	34	255	286432	1487618328	N
2828 E BARNETT ROAD	MEDFORD	97504-6194	JACKSON	34	255	286432	1487618328	N
702 SW RAMSEY AVENUE, SUITE	GRANTS PASS	97527-5681	JOSEPHINE	46	395	N/A	1558549709	N
625 SW RAMSEY AVENUE,	GRANTS PASS	97527-5681	JOSEPHINE	45	420	246535	1073775649	N
520 SW RAMSEY AVENUE, SUITE	GRANTS PASS	97527-5681	JOSEPHINE	46	395	500608998	1306844238	N
520 SW RAMSEY AVENUE SUITE	GRANTS PASS	97527-5681	JOSEPHINE	34	255	213420	1528011350	N
2828 E BARNETT ROAD	MEDFORD	97504-6194	JACKSON	34	255	213420	1528011350	N
497 SW RAMSEY AVENUE	GRANTS PASS	97527-5681	JOSEPHINE	45	420	286662	1801896899	N
873 NE 7TH STREET	GRANTS PASS	97526-1400	JOSEPHINE	45	390	023809	1154407245	N
700 SW RAMSEY AVENUE, SUITE	GRANTS PASS	97527-5681	JOSEPHINE	42	363	270068	1841298320	N



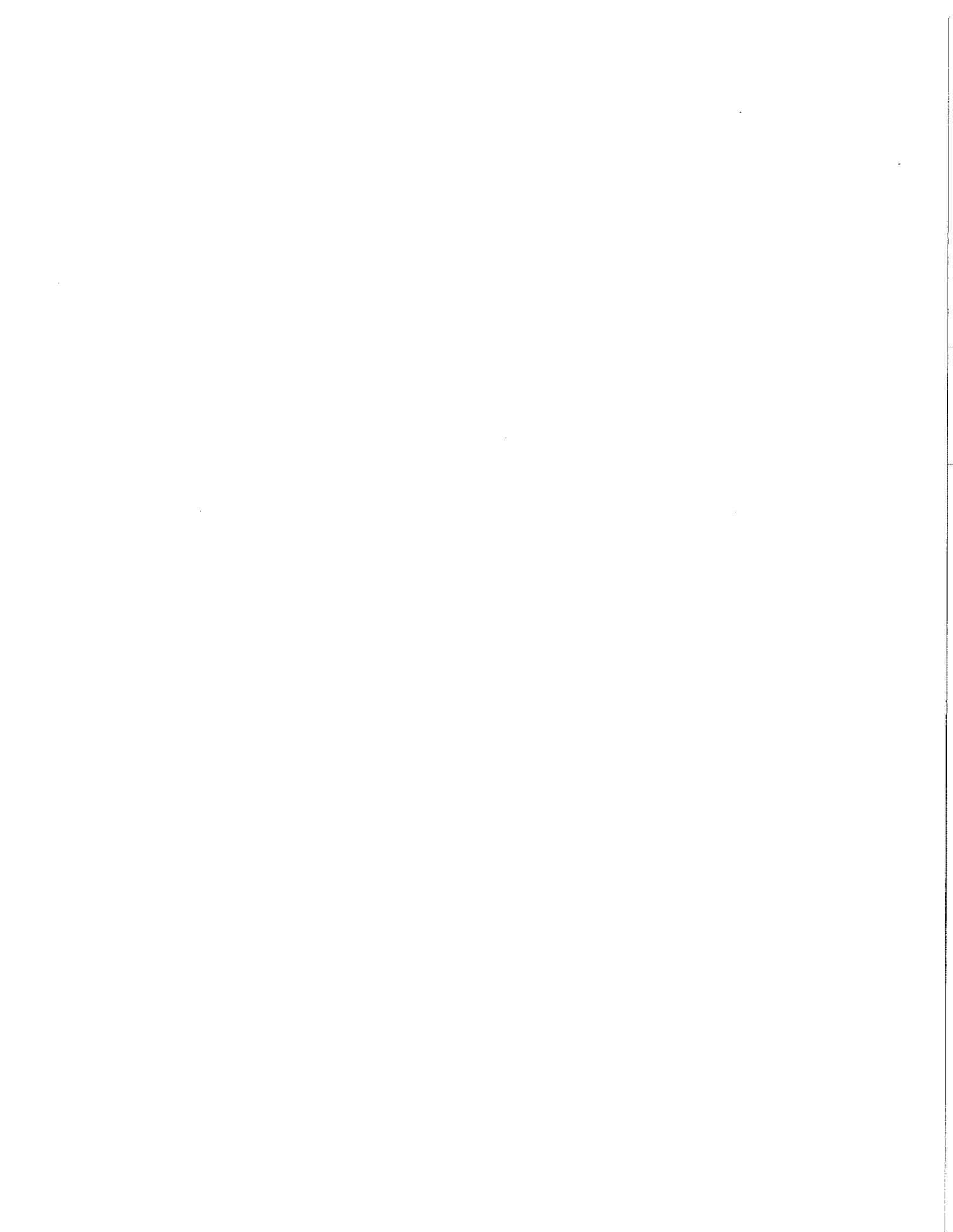
702 SW RAMSEY AVENUE, SUITE	GRANTS PASS	97527-5681	JOSEPHINE	34	279	081518	1861495103	N
1022 NW 6TH STREET	GRANTS PASS	97526-1400	JOSEPHINE	34	274	150462	1477648772	N
335 CAVES HWY	CAVE JUNCTION	97523-9604	JOSEPHINE	34	274	150462	1477648772	N
1619 NW HAWTHORNE AVENUE,	GRANTS PASS	97526-1400	JOSEPHINE	46	395	999999	1093782914	N
1022 NW 6TH STREET	GRANTS PASS	97526-1400	JOSEPHINE	34	274	024448	1649381906	N
335 CAVES HWY	CAVE JUNCTION	97523-9604	JOSEPHINE	34	274	024448	1649381906	N
2828 EAST BARNETT ROAD	MEDFORD	97504-6194	JACKSON	46	395	500606627	1659375272	N
625 SW RAMSEY AVENUE, SUITE	GRANTS PASS	97527-5681	JOSEPHINE	45	420	228746	1265432256	N
1505 NW WASHINGTON BLVD	GRANTS PASS	97526-1400	JOSEPHINE	34	279	139454	1811913825	N
1309 NE 6TH STREET	GRANTS PASS	97526-1252	JOSEPHINE	34	242	229492	1679501860	N
1619 NW HAWTHORNE DRIVE SU	GRANTS PASS	97526-6009	JOSEPHINE	34	262	500636734	1316188857	N
2860 CREEKSIDE CIRCLE	MEDFORD	97504-8442	JACKSON	34	250	264887	1952381394	N
555 BLACK OAK DRIVE, SUITE 10	MEDFORD	97504-8491	JACKSON	34	262	151269	1073510483	N
1801 HWY 99 N, SUITE C	ASHLAND	97520-9152	JACKSON	34	268	022492	1699727750	N
559 SCENIC DRIVE	ASHLAND	97520-9152	JACKSON	34	277	066865	1780656488	N
555 BLACK OAK DRIVE, SUITE 10	MEDFORD	97504-9502	JACKSON	42	364	298517	1144250432	N
1698 E MCANDREWS ROAD, SUIT	MEDFORD	97504-5590	JACKSON	34	262	228908	1447346457	N
870 S FRONT STREET	CENTRAL POINT	97502-2779	JACKSON	34	246	184556	1609830199	N
842 E MAIN STREET	MEDFORD	97504-7134	JACKSON	34	246	184556	1609830199	N
1698 E MCANDREWS ROAD, SUIT	MEDFORD	97504-5590	JACKSON	34	304	055173	1578539169	N
1408 E BARNETT ROAD	MEDFORD	97504-8279	JACKSON	34	274	094334	1922089689	N
132 MANZANITA	MEDFORD	97504-2049	JACKSON	34	246	283721	1356333215	N
1365 POPLAR DRIVE	MEDFORD	97504-5207	JACKSON	34	299	025796	1568430957	N
940 ROYAL AVE	MEDFORD	97504-6194	JACKSON	34	232	028115	11487697488	N
2825 E BARNETT ROAD	MEDFORD	97504-8332	JACKSON	34	282	011184	1760487888	N
229 STEWART AVENUE	MEDFORD	97501-3663	JACKSON	34	262	129987	1902823735	N
1698 E MCANDREWS ROAD, SUIT	MEDFORD	97504-5590	JACKSON	34	262	015362	1063508091	N
691 MURPHY ROAD, SUITE 232	MEDFORD	97504-4346	JACKSON	34	276	124552	1265431944	N
2900 DOCTORS PARK DRIVE	MEDFORD	97504-4348	JACKSON	34	262	150017	1477567659	N
2900 STATE STREET	MEDFORD	97504-8475	JACKSON	34	272	286530	1881693133	N
3170 STATE STREET	MEDFORD	97504-8450	JACKSON	34	276	288120	1861425498	N
251 B MAPLE STREET	ASHLAND	97520-1515	JACKSON	34	283	287259	1952390593	N
1698 E MCANDREWS ROAD, SUIT	MEDFORD	97504-5590	JACKSON	34	262	037411	1255427290	N
412 ALDER STREET	BROOKINGS	97415-9014	JACKSON	34	232	240151	1467402974	N
520 MEDICAL CENTER DRIVE, SU	MEDFORD	97504-4314	JACKSON	34	232	240151	1467402974	N
2960 DOCTORS PARK DRIVE	MEDFORD	97504-8198	JACKSON	34	251	285569	1831173459	N
2860 CREEKSIDE CIRCLE	MEDFORD	97504-8442	JACKSON	42	366	000847	1790755031	N
1698 E MCANDREWS ROAD, SUIT	MEDFORD	97504-5590	JACKSON	34	304	081419	1073589651	N
749 GOLF VIEW DRIVE, SUITE A	MEDFORD	97504-9654	JACKSON	34	242	073486	1184640815	N



03+000OHMS Participating Provider Table

03+000PrimaryHealth of Josephine County

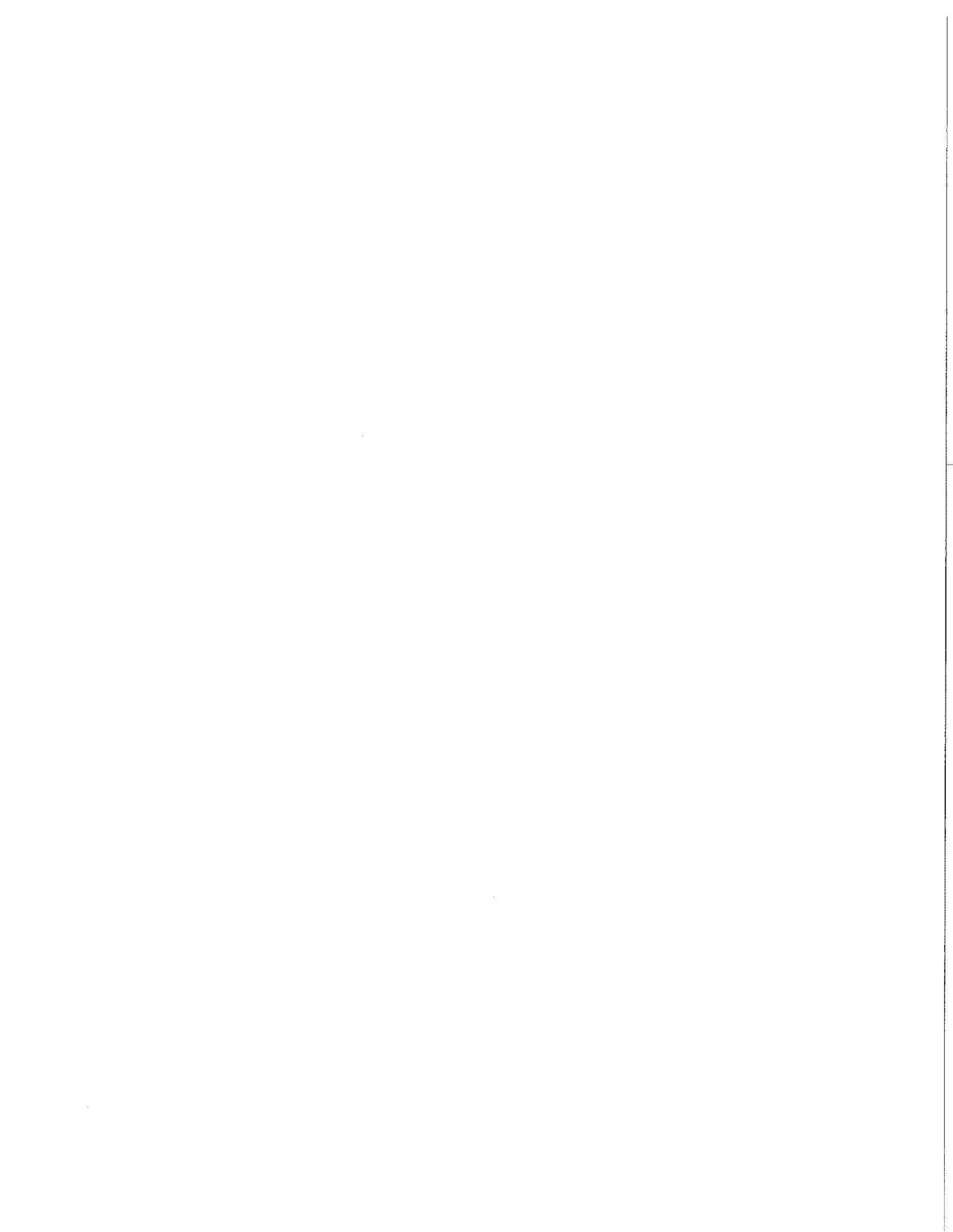
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2859 STATE STREET	MEDFORD	97504-8400	JACKSON	34	276	081815	1649348269	N
2900 STATE STREET	MEDFORD	97504-8475	JACKSON	34	268	056643	1770583338	N
2954 SISKIYOU BLVD	MEDFORD	97504-8161	JACKSON	34	306	286415	1730237382	N
520 MEDICAL CENTER DRIVE, SUITE 100	MEDFORD	97540-4316	JACKSON	34	300	181988	1609957877	N
2900 DOCTORS PARK DRIVE	MEDFORD	97504-4348	JACKSON	34	262	071480	1710900147	N
1365 POPLAR DRIVE	MEDFORD	97504-5207	JACKSON	34	299	005971	128564998	N
920 ROYAL AVENUE	MEDFORD	97504-6169	JACKSON	34	280	150994	1619993953	N
628 N MAIN STREET	ASHLAND	97520-1710	JACKSON	34	280	150994	1619993953	N
743 N MAIN STREET	ASHLAND	97520-1752	JACKSON	34	250	010707	1720078991	N
2940 DOCTORS PARK DRIVE	MEDFORD	97504-8127	JACKSON	34	283	158925	1932123189	N
2655 SISKIYOU BLVD	MEDFORD	97504-8125	JACKSON	19	130	034947	1902951486	N
750 MURPHY ROAD	MEDFORD	97504-8426	JACKSON	34	283	288222	1306803432	N
870 S FRONT STREET	CENTRAL POINT	97502-2779	JACKSON	34	246	241638	1548222359	N
842 E MAIN STREET	MEDFORD	97504-7134	JACKSON	34	246	241638	1548222359	N
940 ROYAL AVENUE, SUITE 450	MEDFORD	97504-6194	JACKSON	34	234	218141	1134103344	N
940 ROYAL AVENUE, SUITE 350	MEDFORD	97504-6194	JACKSON	34	276	269929	1659468270	N
842 E MAIN STREET	MEDFORD	97504-7134	JACKSON	34	246	182008	1891757142	N
870 S FRONT STREET	CENTRAL POINT	97502-2779	JACKSON	34	246	182008	1891757142	N
940 ROYAL AVENUE, SUITE 420	MEDFORD	97504-6194	JACKSON	34	300	287611	1689760506	N
555 BLACK OAK DRIVE SUITE 100	MEDFORD	97504-8447	JACKSON	34	262	008347	1447257308	N
870 S FRONT STREET	MEDFORD	97502-2779	JACKSON	34	246	274673	1225047889	N
520 MEDICAL CENTER DRIVE, SUITE 100	MEDFORD	97504-4314	JACKSON	34	234	226915	1255329728	N
412 ALDER STREET	BROOKINGS	97415-9014	CURRY	34	234	226915	1255329728	N
1610 E MCANDREWS ROAD, BLDG 100	MEDFORD	97504-5590	JACKSON	34	283	286466	1629150420	N
713 GOLF VIEW DRIVE	MEDFORD	97504-9643	JACKSON	19	130	056981	1982795050	N
1875 HWY 99 N, SUITE 11	ASHLAND	97520-9600	JACKSON	19	130	056981	1982795050	N
493 MURPHY ROAD	MEDFORD	97504-8143	JACKSON	34	220	218149	1669430799	N
520 MEDICAL CENTER DRIVE, SUITE 100	MEDFORD	97504-4334	JACKSON	34	234	048579	1841208436	N
412 ALDER STREET	BROOKINGS	97415-9014	CURRY	34	234	048579	1841208436	N
2900 DOCTORS PARK DRIVE, SUITE 100	MEDFORD	97504-8198	JACKSON	34	304	262725	1669577268	N
1365 POPLAR DRIVE	MEDFORD	97504-5207	JACKSON	34	299	287702	1205896115	N
748 STATE STREET	MEDFORD	97504-8473	JACKSON	34	300	287578	1144301300	N
221 STEWART AVENUE, SUITE 100	MEDFORD	97501-3647	JACKSON	34	307	151289	1770571200	N
648 N MAIN STREET	ASHLAND	97520-1710	JACKSON	34	274	289751	1740285667	N
648 N MAIN STREET	ASHLAND	97520-1710	JACKSON	34	274	053574	1548268267	N
520 MEDICAL CENTER DRIVE, SUITE 100	MEDFORD	97504-4316	JACKSON	34	300	064456	1508947730	N
555 BLACK OAK DRIVE, SUITE 30	MEDFORD	97504-8491	JACKSON	34	295	009634	1922134287	N
940 ROYAL AVENUE, SUITE 350	MEDFORD	97504-6194	JACKSON	34	276	005986	1639282148	N
2954 SISKIYOU BLVD	MEDFORD	97504-8161	JACKSON	34	306	127246	1417005729	N



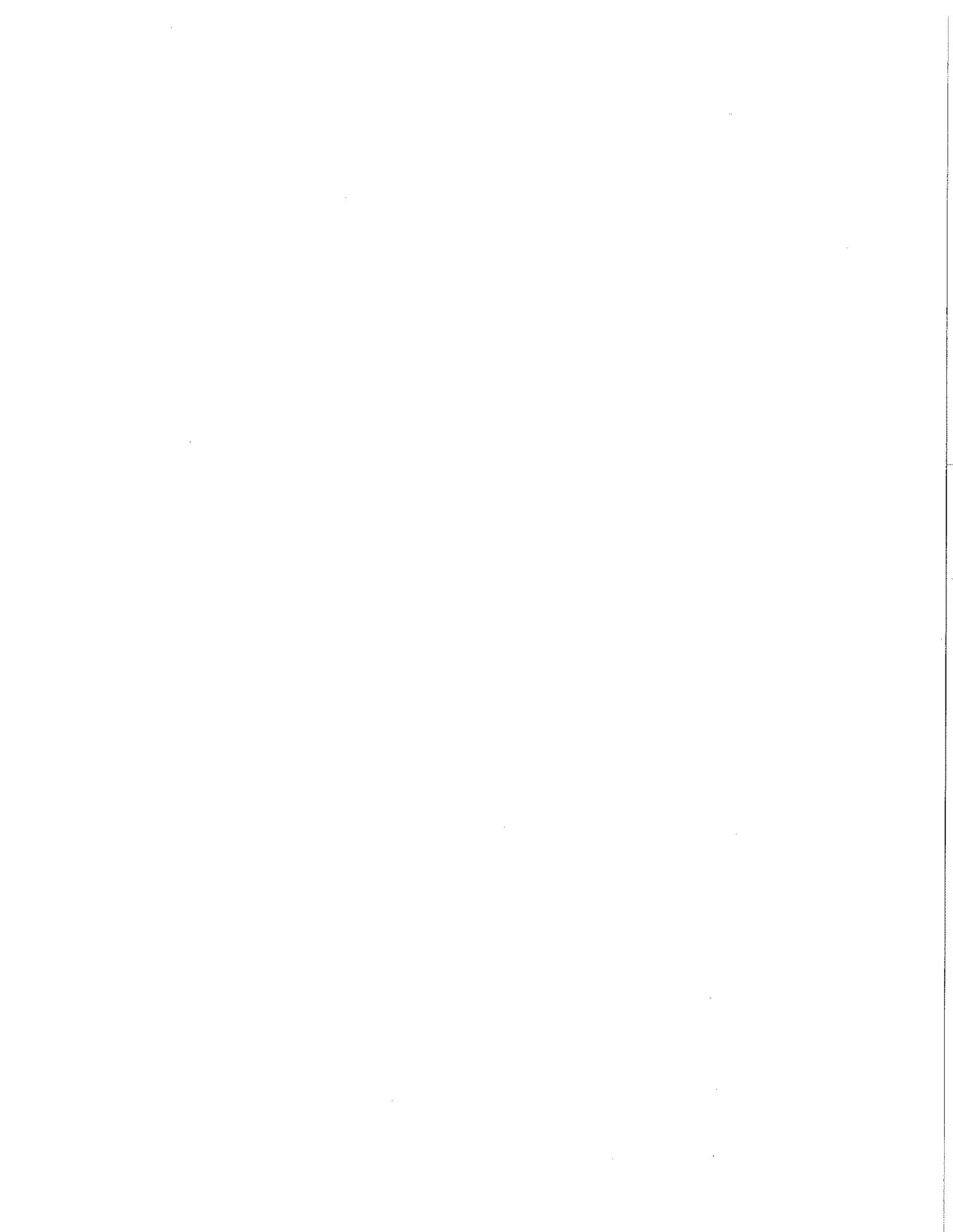
03+000OHMS Participating Provider Table

03+000PrimaryHealth of Josephine County

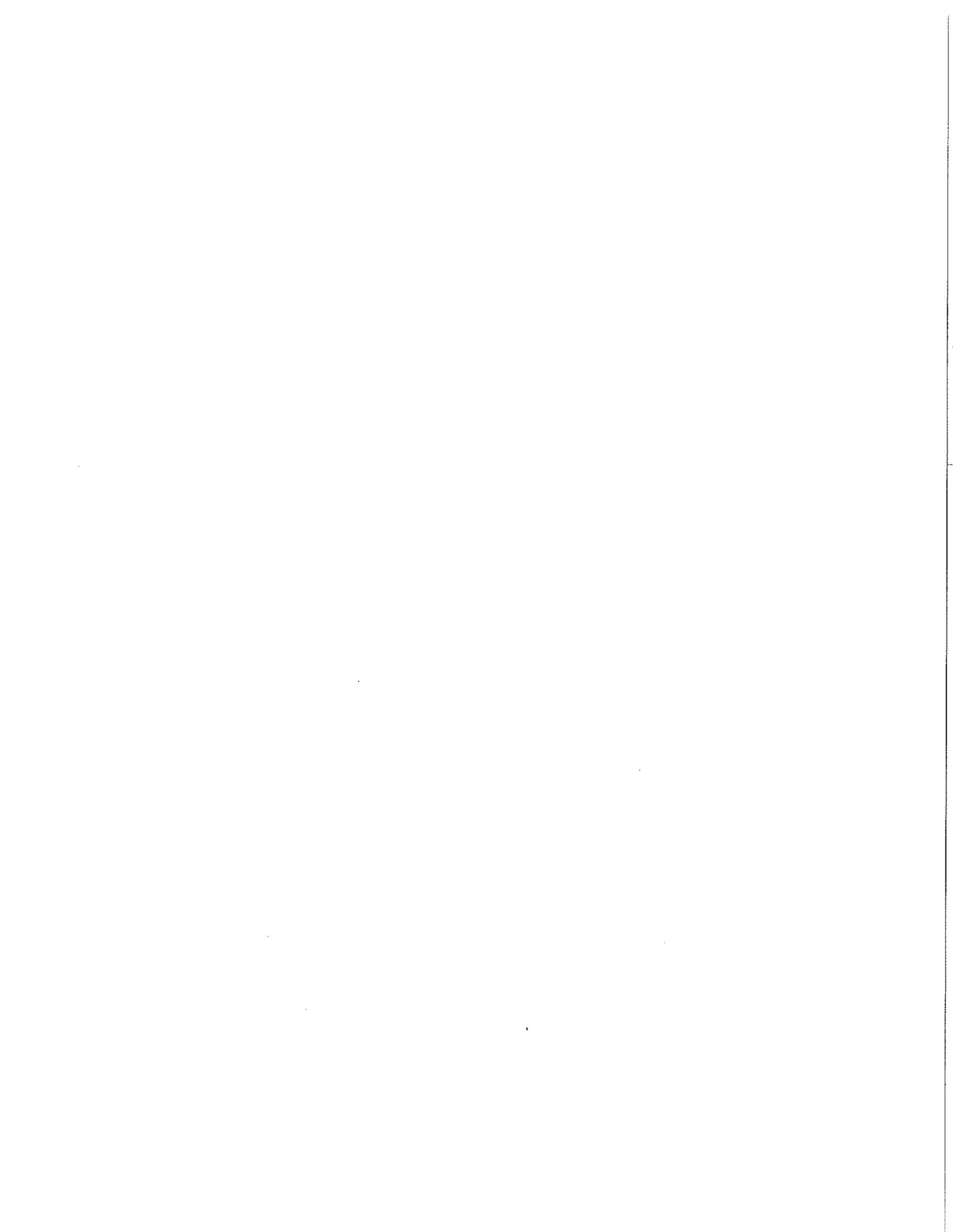
540 CATALINA DRIVE	ASHLAND	97520-1605	JACKSON	34	253	059167	1811932684	N
691 MURPHY ROAD, SUITE 114	MEDFORD	97504-4311	JACKSON	34	283	278028	1730144221	N
3170 STATE STREET	MEDFORD	97504-8450	JACKSON	34	276	044466	1851316285	N
555 BLACK OAK DRIVE, SUITE 10	MEDFORD	97504-8447	JACKSON	34	307	274978	1114993656	N
940 ROYAL AVENUE SUITE 450	MEDFORD	97504-6194	JACKSON	34	232	071761	1952468555	N
246 CATALINA DRIVE SUITE 1	ASHLAND	97520-1624	JACKSON	34	274	242357	1700809365	N
1019 7TH STREET	GRANTS PASS	97526-1400	JACKSON	34	274	242357	170809365	N
275 LOTO STREET	EAGLE POINT	97524-9517	JACKSON	34	274	246509	1639240062	N
560 CATALINA DRIVE	ASHLAND	97520-1605	JACKSON	34	262	227698	1710091715	N
473 MURPHY ROAD	MEDFORD	97504-8143	JACKSON	34	291	124271	13866658672	N
1100 NE 7TH STREET, BUILDING	GRANTS PASS	97526-1415	JOSEPHINE	34	291	124271	13866658672	N
268 SOUTH PACIFIC HIGHWAY	TALENT	97540-6649	JACKSON	34	299	151043	1992793111	N
520 MEDICAL CENTER DRIVE, SU	MEDFORD	97504-4314	JACKSON	34	234	263335	1194712364	N
412 ALDER STREET	BROOKINGS	97415-9014	CURRY	34	234	263335	1194712364	N
850 SISKIYOU BLVD SUITE 7	ASHLAND	97520-2025	JACKSON	34	246	079736	1548339443	N
940 ROYAL AVENUE, SUITE 350	MEDFORD	94504-6194	JACKSON	34	276	150483	1184711749	N
1698 E MCANDREWS ROAD, SUIT	MEDFORD	97504-5590	JACKSON	34	300	227277	1407943889	N
2954 SISKIYOU BLVD	MEDFORD	97504-8161	JACKSON	34	306	262261	1689722993	N
1698 E MCANDREWS ROAD, SUIT	MEDFORD	97504-5590	JACKSON	34	300	287779	1932296217	N
246 CATALINA DRIVE, SUITE 5	ASHLAND	97520-1624	JACKSON	34	276	038260	1780778225	N
2860 CREEKSIDE CIRCLE	MEDFORD	97504-8442	JACKSON	42	364	292856	1081868195	N
2860 CREEKSIDE CIRCLE	MEDFORD	97504-8442	JACKSON	34	250	158918	1710957360	N
760 GOLF VIEW DRIVE, SUITE 20	MEDFORD	97504-9685	JACKSON	34	269	213453	1235274564	N
761 GOLF VIEW DRIVE, SUITE A	MEDFORD	97504-9655	JACKSON	19	130	086397	1508877275	N
870 FRONT STREET	CENTRAL POINT	97502-2779	JACKSON	34	262	003298	1083792345	N
499 CHESTNUT STREET	ASHLAND	97520-1546	JACKSON	34	262	286598	1174512149	N
1801 HWY 99 N SUITE 2	ASHLAND	97520-9152	JACKSON	34	300	035266	1770562977	N
870 S FRONT STREET	CENTRAL POINT	97502-2779	JACKSON	34	246	063359	1851354419	N
490 MURPHY ROAD	MEDFORD	97504-8144	JACKSON	19	130	299113	1013935360	N
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750 MURPHY ROAD	MEDFORD	97504-8426	JACKSON	34	283	151339	1730141003	N
750 MURPHY ROAD	MEDFORD	97504-8426	JACKSON	34	283	151330	1881655520	N
870 S FRONT STREET	CENTRAL POINT	97502-2779	JACKSON	34	246	133986	1598728164	N
842 E MAIN STREET	MEDFORD	97504-7134	JACKSON	34	246	133986	1598728164	N
2900 DOCTORS PARK DRIVE	MEDFORD	97504-8198	JACKSON	34	262	086199	1528082666	N
1698 E MCANDREWS ROAD, SUIT	MEDFORD	97504-5590	JACKSON	34	262	081562	1083700033	N
520 MEDICAL CENTER DRIVE, SU	MEDFORD	97504-4314	JACKSON	34	234	062708	1669461208	N
412 ALDER STREET	BROOKINGS	97415-9014	CURRY	34	234	062708	1669461208	N
2959 SISKIYOU BLVD, SUITE B	MEDFORD	97504-1906	JACKSON	34	242	092611	1568403228	N
2727 E BARNETT ROAD	MEDFORD	97504-8331	JACKSON	34	274	031026	1487722179	N



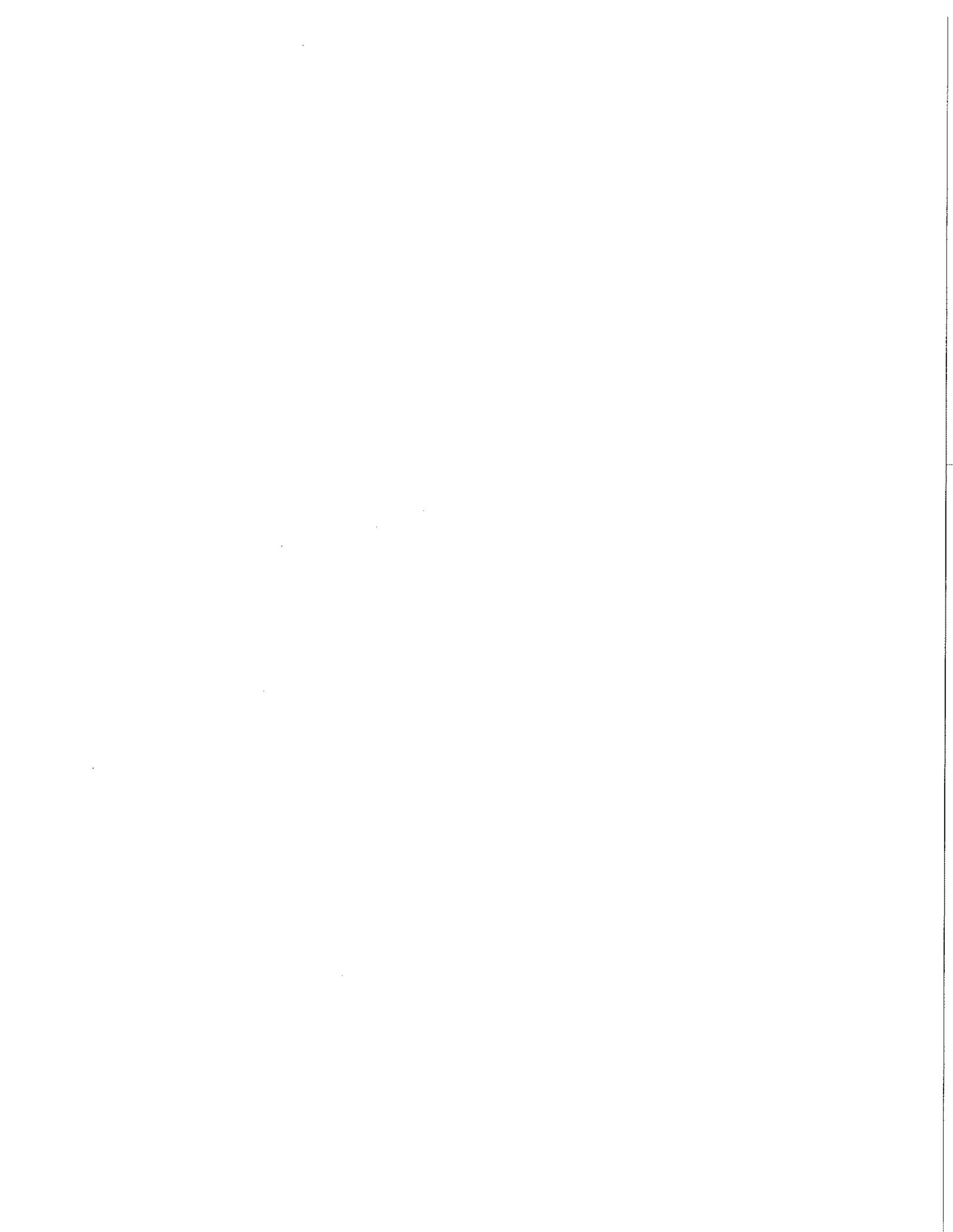
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870 S FRONT STREET	CENTRAL POINT	97502-2779	JACKSON	34	246	055814	1295798866	N
1698 EAST MCANDREWS ROAD,	MEDFORD	97504-5590	JACKSON	34	262	278580	1366538217	N
3144 STATE STREET	MEDFORD	97504-8450	JACKSON	42	364	012158	1952326266	N
3170 STATE STREET	MEDFORD	97504-8450	JACKSON	42	364	012158	1952326266	N
3156 STATE STREET	MEDFORD	97504-8450	JACKSON	42	364	012158	1952326266	N
2860 CREEKSIDE CIRCLE	MEDFORD	97504-8442	JACKSON	34	250	008610	1083684633	N
2860 CREEKSIDE CIRCLE	MEDFORD	97504-8442	JACKSON	34	262	011895	1689654022	N
1353 E MCANDREWS ROAD	MEDFORD	97504-5590	JACKSON	34	290	036801	1437147048	N
628 N MAIN STREET	ASHLAND	97520-1710	JACKSON	34	262	234484	1710967062	N
691 MURPHY ROAD, SUITE 122	MEDFORD	97504-4311	JACKSON	34	283	150070	1356421721	N
691 MURPHY ROAD, SUITE 209	MEDFORD	97504-4311	JACKSON	34	283	063128	1821094087	N
2727 E BARNETT ROAD	MEDFORD	97504-8331	JACKSON	34	274	215020	1568530335	N
1801 HIGHWAY 99N, SUITE B	ASHLAND	97520-9152	JACKSON	34	300	006169	1275657280	N
221 STEWART AVENUE, SUITE 110	MEDFORD	97501-3647	JACKSON	34	307	151073	1306834833	N
3860 CRATER LAKE AVENUE, SUITE 100	MEDFORD	97504-9741	JACKSON	34	220	056700	1568465847	N
2262 ASHLAND STREET	ASHLAND	97520-1406	JACKSON	34	220	056700	1568465847	N
869 NE 7TH STREET	GRANTS PASS	97526-1400	JOSEPHINE	34	220	056700	1568465847	N
2628 CLOVER STREET	KLAMATH FALLS	97601-1132	KLAMATH	34	220	056700	1568465847	N
1698 E MCANDREWS ROAD, SUITE 100	MEDFORD	97504-5590	JACKSON	34	262	288030	1568465847	N
3170 STATE STREET	MEDFORD	97504-8450	JACKSON	34	276	286702	1376639245	N
870 S FRONT STREET SUITE 200	CENTRAL POINT	97502-2779	JACKSON	34	276	247527	1376576991	N
940 ROYAL AVENUE, SUITE 350	MEDFORD	97504-6194	JACKSON	34	276	247527	1376576991	N
269 MAPLE STREET	ASHLAND	97520-1596	JACKSON	34	279	218173	1972681740	N
520 MEDICAL CENTER DRIVE, SUITE 100	MEDFORD	97504-4334	JACKSON	34	234	001862	1013925627	N
412 ALDER STREET	BROOKINGS	97415-9014	CURRY	34	234	001862	1013925627	N
251-B MAPLE STREET	ASHLAND	97520-1515	JACKSON	34	283	064779	1467441006	N
2959 SISKIYOU BLVD SUITE A	MEDFORD	97504-8131	JACKSON	34	290	023665	1205944782	N
870 S FRONT STREET SUITE 200	CENTRAL POINT	97502-2779	JACKSON	34	276	023665	1841387412	N
940 ROYAL AVENUE, SUITE 350	MEDFORD	97504-6194	JACKSON	34	276	226838	1841387412	N
560 CATALINA DRIVE	ASHLAND	97520-1605	JACKSON	34	262	999999	1689722795	N
1698 E MCANDREWS ROAD, SUITE 100	MEDFORD	97504-5590	JACKSON	34	300	241520	1316131279	N
786 STATE STREET	MEDFORD	97504-8441	JACKSON	34	253	045943	1508846932	N
920 ROYAL AVENUE	MEDFORD	97504-6169	JACKSON	34	281	026815	1265410211	N
628 N MAIN STREET	ASHLAND	97520-1710	JACKSON	34	281	026815	1265410211	N
1365 POPLAR DRIVE	MEDFORD	97504-5207	JACKSON	34	299	286445	1659340792	N
870 S FRONT STREET	CENTRAL POINT	97502-2779	JACKSON	34	246	210369	1801859475	N
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1698 E MCANDREWS ROAD SUITE 100	MEDFORD	97504-5590	JACKSON	34	304	279169	1396706487	N
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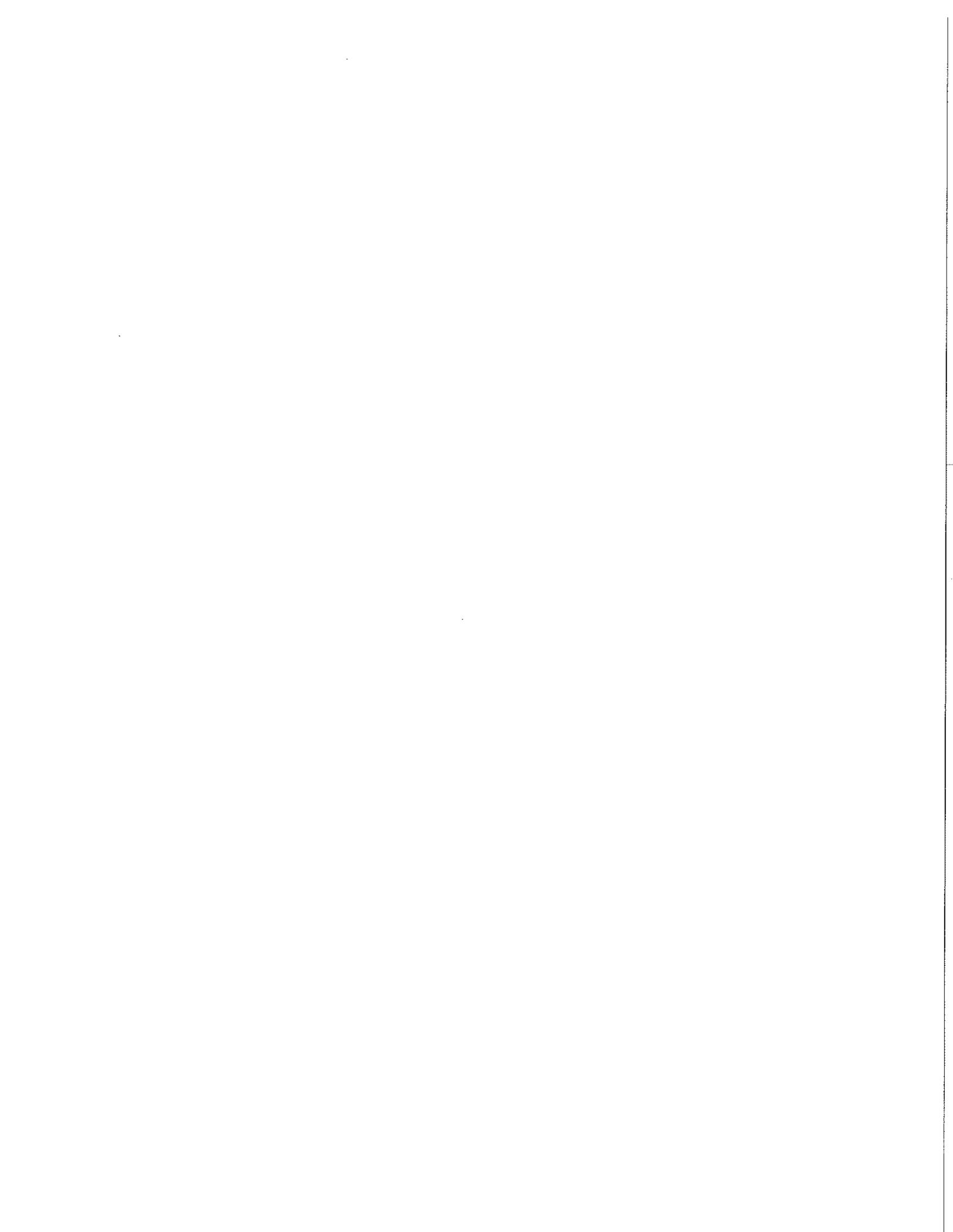
412 ALDER STREET	BROOKINGS	97415-9014	CURRY	34	234	287718	1740290360	N
2900 DOCTORS PARK DRIVE	MEDFORD	97504-8198	JACKSON	34	262	078050	1942214135	N
520 MEDICAL CENTER DRIVE, SU	MEDFORD	97504-4334	JACKSON	34	234	240488	1932200524	N
750 MURPHY ROAD	MEDFORD	97504-8426	JACKSON	34	283	213416	1144280033	N
2900 DOCTORS PARK DRIVE, SU	MEDFORD	97504-8198	JACKSON	34	304	278483	1801991476	N
2825 E BARNETT ROAD	MEDFORD	97504-8332	JACKSON	34	282	287480	1558366674	N
540 CATALINA DRIVE	ASHLAND	97520-1605	JACKSON	34	290	232889	1366532442	N
229 STEWART AVENUE	MEDFORD	97501-3647	JACKSON	34	262	081757	1477575835	N
2900 DOCTORS PARK DRIVE, SU	MEDFORD	97504-8198	JACKSON	34	304	056619	1760587372	N
520 MEDICAL CENTER DR, SUITE	MEDFORD	97504-4334	JACKSON	34	234	085352	1588677215	N
412 ALDER STREET	BROOKINGS	97415-9014	CURRY	34	234	085352	1588677215	N
2940 DOCTORS PARK DRIVE	MEDFORD	97504-8127	JACKSON	34	283	010202	1689688848	N
897 ROYAL AVENUE, SUITE B	MEDFORD	94504-6121	JACKSON	34	268	239939	1912963661	N
870 S FRONT STREET	CENTRAL POINT	97502-2779	JACKSON	34	246	270494	1891767968	N
842 E MAIN STREET	MEDFORD	97504-7134	JACKSON	34	246	270494	1891767968	N
713 GOLF VIEW DRIVE	MEDFORD	97504-9643	JACKSON	19	130	230478	1255432530	N
1875 HWY 99 N, SUITE 11	ASHLAND	97520-9600	JACKSON	19	130	230478	1255432530	N
555 BLACK OAK DRIVE, SUITE 10	MEDFORD	97504-8491	JACKSON	34	262	275075	1356437230	N
897 ROYAL AVENUE, SUITE B	MEDFORD	97504-6121	JACKSON	34	268	239947	1821054578	N
2959 SISKIYOU BLVD	MEDFORD	97504-1906	JACKSON	34	242	226802	1134167182	N
3144 STATE STREET	MEDFORD	97504-8450	JACKSON	34	307	240122	1659320323	N
2924 SISKIYOU BLVD SUITE100	MEDFORD	97504-8194	JACKSON	19	130	297199	1528166485	N
1875 HWY 99 N, SUITE 11	ASHLAND	97520-9600	JACKSON	19	130	297199	1528166485	N
2924 SISKIYOU BLVD SUITE 200	MEDFORD	97504-6462	JACKSON	34	300	100784	1891857587	N
760 GOLF VIEW DRIVE, SUITE 20	MEDFORD	97504-9685	JACKSON	34	269	275322	1801859772	N
750 MURPHY ROAD	MEDFORD	97504-8426	JACKSON	34	283	288366	1982668901	N
520 MEDICAL CENTER DRIVE, SU	MEDFORD	97504-4334	JACKSON	34	234	229476	1023026622	N
412 ALDER STREET	BROOKINGS	97415-9014	JACKSON	34	234	229476	1023026622	N
2859 STATE STREET, SUITE 102	MEDFORD	97504-8400	JACKSON	34	249	064159	1619981883	N
2859 STATE STREET, SUITE 102	MEDFORD	97504-8400	JACKSON	34	253	064154	1164436309	N
520 MEDICAL CENTER DRIVE, SU	MEDFORD	97504-4334	JACKSON	34	234	151247	1407864028	N
412 ALDER STREET	BROOKINGS	97415-9014	CURRY	34	234	151247	1407864028	N
269 MAPLE STREET	ASHLAND	97520-1596	JACKSON	34	279	269332	1376618959	N
1610 E MCANDREWS ROAD, BLD	MEDFORD	97504-5590	JACKSON	34	283	274448	1972719268	N
2900 STATE STREET	MEDFORD	97504-8475	JACKSON	34	268	262139	1114927753	N
2959 SISKIYOU BLVD, SUITE B	MEDFORD	97504-1906	JACKSON	34	242	268664	1568405496	N
2825 E BARNETT ROAD	MEDFORD	97504-8332	JACKSON	34	282	038781	1922003045	N
2900 DOCTORS PARK DRIVE	MEDFORD	97504-8198	JACKSON	34	262	150456	1740204999	N
520 MEDICAL CENTER DRIVE SU	MEDFORD	97504-4334	JACKSON	42	366	212856	1053468959	N
520 SW RAMSEY AVENUE SUITE	GRANTS PASS	97527-5535	JOSEPHINE	42	366	212856	1053468959	N



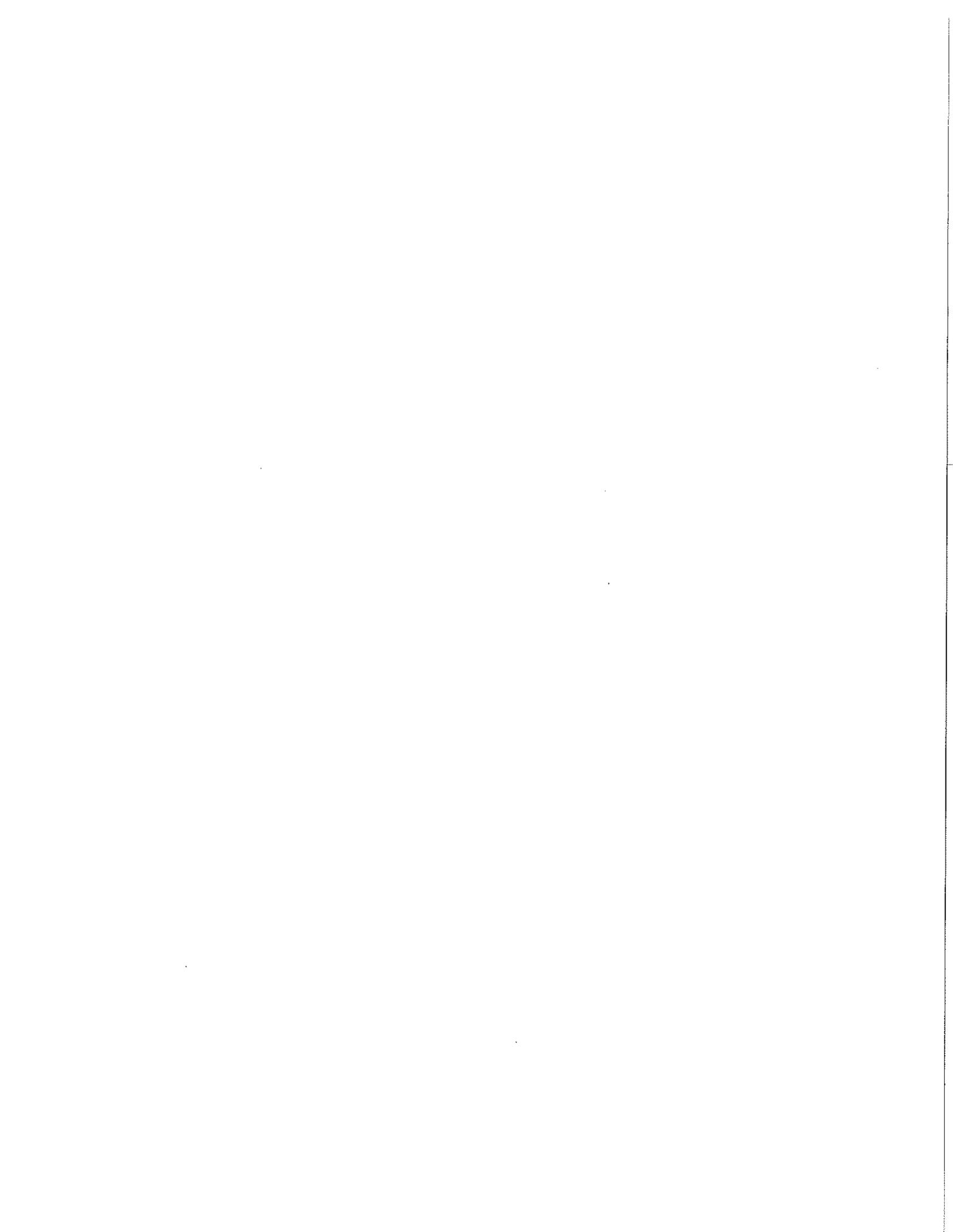
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2825 E. BARNETT RD	MEDFORD	97504-8332	JACKSON	34	282	181585	1750386512	N
520 MEDICAL CENTER DRIVE, SUITE 30	MEDFORD	97504-4316	JACKSON	34	300	241576	1669433991	N
555 BLACK OAK DRIVE, SUITE 30	MEDFORD	97504-8491	JACKSON	34	295	226266	1487780714	N
869 NE 7TH STREET	GRANTS PASS	97526-1634	JOSEPHINE	42	364	278451	1962503961	N
3860 CRATER LAKE AVENUE, SUITE 202	MEDFORD	97504-9741	JACKSON	42	364	278451	1962503961	N
2262 ASHLAND STREET	ASHLAND	97520-1406	JACKSON	42	364	278451	1962503961	N
269 MAPLE STREET	ASHLAND	97520-1596	JACKSON	34	279	133943	1982780359	N
1691 MURPHY ROAD, SUITE 202	MEDFORD	97504-4311	JACKSON	34	242	063060	1104814151	N
221 STEWART AVENUE, SUITE 1	MEDFORD	97501-3647	JACKSON	34	274	183905	1578566691	N
940 ROYAL AVENUE, SUITE 350	MEDFORD	97504-6121	JACKSON	34	276	235077	1487741989	N
3860 CRATER LAKE AVENUE, SUITE 10	MEDFORD	97504-9741	JACKSON	34	220	270067	1467499475	N
2262 ASHLAND STREET	ASHLAND	97520-1406	JACKSON	34	220	270067	1467499475	N
869 NE 7TH STREET	GRANTS PASS	97526-1400	JOSEPHINE	34	220	270067	1467499475	N
2628 CLOVER STREET	KLAMATH FALLS	97601-1132	KLAMATH	34	220	270067	1467499475	N
701 GOLF VIEW DRIVE	MEDFORD	97504-9643	JACKSON	34	290	151829	1649339821	N
520 MEDICAL CENTER DRIVE, SUITE 10	MEDFORD	97504-4314	JACKSON	34	234	079731	1649267816	N
412 ALDER STREET	BROOKINGS	97415-9014	CURRY	34	234	079731	1649267816	N
555 BLACK OAK DRIVE, SUITE 10	MEDFORD	97504-9491	JACKSON	34	262	286533	1124025580	N
725 N MAIN STREET	ASHLAND	97520-1752	JACKSON	34	276	130310	1649367178	N
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412 ALDER STREET	BROOKINGS	97415-9014	CURRY	34	234	227007	1093703563	N
520 SW RAMSEY AVENUE, SUITE 10	GRANTS PASS	97527-5535	JOSEPHINE	34	234	151300	1417957374	N
412 ALDER STREET	BROOKINGS	97415-9014	CURRY	34	234	151300	1417957374	N
2941 DOCTORS PARK DRIVE	MEDFORD	97504-8127	JACKSON	34	260	107011	1376521302	N
3190 STATE STREET, SUITE 101	MEDFORD	97504-8498	JACKSON	34	253	236273	1013042530	N
760 GOLF VIEW DRIVE, SUITE 20	MEDFORD	97504-9685	JACKSON	34	269	010285	1851426241	N
842 E MAIN STREET	MEDFORD	97504-7134	JACKSON	34	246	273817	1679572564	N
870 FRONT STREET	CENTRAL POINT	97502-2779	JACKSON	34	246	273817	1679572564	N
920 ROYAL AVENUE	MEDFORD	97504-6121	JACKSON	34	281	226899	1972529212	N
628 N MAIN STREET	ASHLAND	97520-1710	JACKSON	34	281	226899	1972529212	N
841 ALDER CREEK DRIVE	MEDFORD	97504-8900	JACKSON	34	274	084319	1568422053	N
246 CATALINA DRIVE, SUITE 1	ASHLAND	97520-1624	JACKSON	34	274	020722	1063402220	N
1019 NE 7TH STREET	GRANTS PASS	97526-1449	JOSEPHINE	34	274	020722	1063402220	N
2900 STATE STREET	MEDFORD	97504-8475	JACKSON	34	272	134474	1477553618	N
3170 STATE STREET	MEDFORD	97504-8450	JACKSON	34	276	278311	1114943115	N
3190 STATE STREET, SUITE 101	MEDFORD	97504-8498	JACKSON	34	253	072165	1184759169	N
691 MURPHY ROAD, SUITE 210	MEDFORD	97504-4311	JACKSON	34	276	272161	1902901853	N
19 MYRTLE STREET	MEDFORD	97504-7337	JACKSON	34	283	23735	1215009576	N



2780 E BARNETT ROAD, SUITE 30	MEDFORD	97504-8674	JACKSON	34	291	051826	1295789998	N
628 N MAIN STREET	ASHLAND	97520-1710	JACKSON	34	262	080593	1528047727	N
2860 CREEKSIDE CIRCLE	MEDFORD	97504-8442	JACKSON	34	250	222422	1437129087	N
520 MEDICAL CENTER DRIVE, SUITE 10	MEDFORD	97504-4314	JACKSON	34	234	015334	1295722346	N
412 ALDER STREET	BROOKINGS	97415-9014	CURRY	34	234	015334	1295722346	N
555 BLACK OAK DRIVE, SUITE 30	MEDFORD	97504-8491	JACKSON	34	295	227241	1649306929	N
1910 E BARNETT ROAD, SUITE 10	MEDFORD	97504-8672	JACKSON	34	253	283168	1760435770	N
1698 E MCANDREWS ROAD, SUITE 10	MEDFORD	97504-5590	JACKSON	34	262	151011	1235225129	N
1408 E BARNETT ROAD	MEDFORD	97504-8279	JACKSON	34	274	054424	1265413934	N
940 ROYAL AVENUE, SUITE 420	MEDFORD	97504-6194	JACKSON	34	300	000133	19029884263	N
750 MURPHY ROAD	MEDFORD	97504-8426	JACKSON	34	283	064712	1992765804	N
520 MEDICAL CENTER DRIVE, SUITE 10	MEDFORD	97504-4334	JACKSON	34	232	278445	1609884105	N
520 SW RAMSEY AVENUE, SUITE 10	GRANTS PASS	97527-5681	JOSEPHINE	34	232	278445	1609884105	N
2825 E BARNETT ROAD	MEDFORD	97504-8332	JACKSON	34	276	027060	1578621900	N
1648 E MCANDREWS ROAD, SUITE 10	MEDFORD	97504-5590	JACKSON	34	291	286588	1902852288	N
2727 E BARNETT ROAD	MEDFORD	97504-8331	JACKSON	34	274	274488	1548357007	N
205 FERN VALLEY ROAD SUITE A	PHOENIX	97535-9100	JACKSON	34	262	227391	1952497695	N
870 SOUTH FRONT STREET SUITE 10	CENTRAL POINT	97502-2779	JACKSON	34	262	227391	1952497695	N
920 ROYAL AVENUE	MEDFORD	97504-6194	JACKSON	34	280	044235	1952327280	N
628 N MAIN STREET	ASHLAND	97520-1710	JACKSON	34	280	044235	1952327280	N
2825 E BARNETT ROAD	MEDFORD	97504-8332	JACKSON	34	282	038799	1497750517	N
1801 HWY 99 N, SUITE B	ASHLAND	97520-9152	JACKSON	34	300	287064	1508965518	N
520 MEDICAL CENTER DRIVE, SUITE 10	MEDFORD	97504-4316	JACKSON	34	300	212720	1326129545	N
2940 DOCTORS PARK DRIVE	MEDFORD	97504-8127	JACKSON	34	283	046529	1174537328	N
760 GOLF VIEW DRIVE, SUITE 20	MEDFORD	97504-9685	JACKSON	34	269	286573	1033254354	N
2940 DOCTORS PARK DRIVE	MEDFORD	97504-8127	JACKSON	34	283	237339	1457374589	N
2900 STATE STREET	MEDFORD	97504-8475	JACKSON	34	268	262147	1265433775	N
2911 SISKIYOU BLVD	MEDFORD	97504-8179	JACKSON	42	363	162396	1427116862	N
555 BLACKOAK DRIVE SUITE 300	MEDFORD	97504-8491	JACKSON	42	366	000483	156898860	N
935 TOWNE CENTRE DRIVE, SUITE 10	MEDFORD	97504-6172	JACKSON	34	307	081430	1205863990	N
850 SISKIYOU BLVD SUITE 7	ASHLAND	97520-2125	JACKSON	34	266	004424	1770517237	N
3170 STATE STREET	MEDFORD	97504-8450	JACKSON	34	276	202853	1205863990	N
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492 MURPHY ROAD	MEDFORD	97504-8144	JACKSON	34	242	026575	1770517237	N
520 MEDICAL CENTER DRIVE, SUITE 10	MEDFORD	97504-4316	JACKSON	34	300	133978	1053336487	N
920 ROYAL AVENUE	MEDFORD	97504-6194	JACKSON	34	280	151129	1174592349	N
628 N MAIN STREET	ASHLAND	97520-1710	JACKSON	34	280	151129	1174592349	N
2825 E BARNETT ROAD	MEDFORD	97504-8332	JACKSON	34	282	038823	1356422596	N
2959 SISKIYOU BLVD, SUITE B	MEDFORD	97504-1906	JACKSON	34	242	056973	1194741439	N
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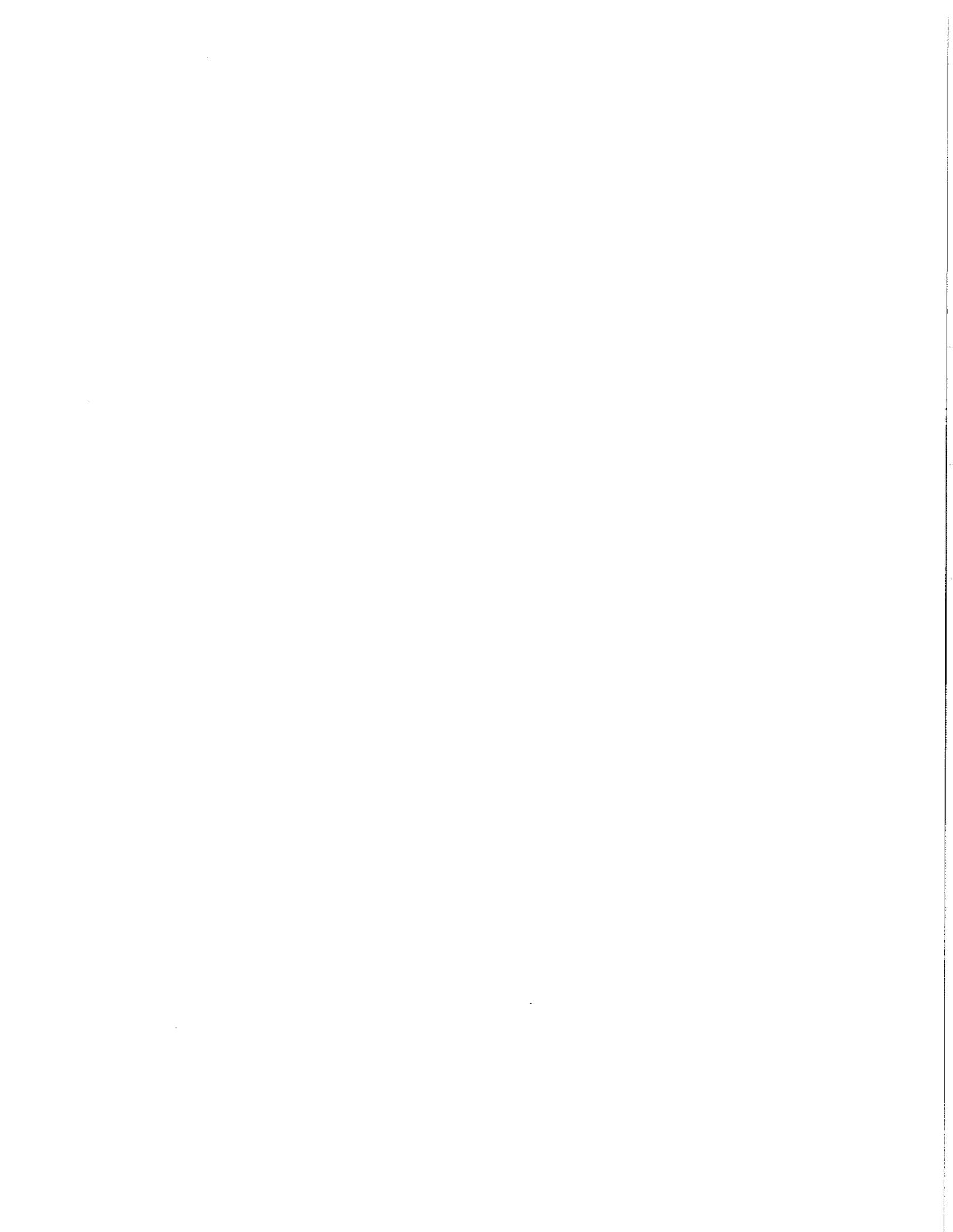


842 E MAIN STREET	MEDFORD	97504-7134	JACKSON	34	246	262429	1841252913	N
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842 E MAIN STREET	MEDFORD	97504-7134	JACKSON	34	246	278890	1952478745	N
2860 CREEKSIDE CIRCLE	MEDFORD	97504-8442	JACKSON	34	250	255661	1346210994	N
2900 STATE STREET	MEDFORD	97504-8475	JACKSON	34	272	278046	1063414803	N
246 CATALINA DRIVE, SUITE 1	ASHLAND	97520-1624	JACKSON	34	274	286802	1427048693	N
1019 NE 7TH STREET	GRANTS PASS	97526-1449	JOSEPHINE	34	274	286802	1427048693	N
555 BLACK OAK DRIVE, SUITE 211	MEDFORD	97504-8491	JACKSON	34	280	027792	1952476350	N
691 MURPHY ROAD, SUITE 217	MEDFORD	97504-4311	JACKSON	34	279	210815	102050275	N
19 MYRTLE STREET	MEDFORD	97504-7337	JACKSON	34	262	150293	1710976782	N
99 CENTRAL AVENUE	ASHLAND	97520-1787	JACKSON	34	262	150293	1710976782	N
8385 DIVISION ROAD	WHITE CITY	97503-1176	JACKSON	34	262	150293	1710976782	N
2954 SISKIYOU BLVD	MEDFORD	97504-8161	JACKSON	34	241	154245	1518015858	N
555 BLACK OAK DRIVE, SUITE 10	MEDFORD	97504-8491	JACKSON	34	262	012885	1447257563	N
251-B MAPLE STREET	ASHLAND	97520-1515	JACKSON	34	283	076323	1750370391	N
555 BLACK OAK DRIVE, SUITE 10	MEDFORD	97504-8491	JACKSON	34	262	081810	1184621559	N
2860 CREEKSIDE CIRCLE	MEDFORD	97504-8442	JACKSON	34	250	286626	1891761037	N
940 ROYAL AVENUE, SUITE 350	MEDFORD	97504-6194	JACKSON	34	253	181370	1841387313	N
2959 SISKIYOU BLVD, SUITE A	MEDFORD	97504-1906	JACKSON	34	290	019802	1870743526	N
2825 E BARNETT ROAD	MEDFORD	97504-8332	JACKSON	34	282	274237	1043339294	N
750 MURPHY ROAD	MEDFORD	97504-8426	JACKSON	34	283	275383	1144243650	N
2940 DOCTORS PARK DRIVE	MEDFORD	97504-8127	JACKSON	34	283	138148	1417953381	N
521 N MAIN STREET	ASHLAND	97520-1707	JACKSON	34	290	055793	1861559478	N
555 BLACK OAK DRIVE, SUITE 30	MEDFORD	97504-8491	JACKSON	34	295	005930	1184672461	N
750 MURPHY ROAD	MEDFORD	97504-8426	JACKSON	42	362	246128	1811151368	N
120 NE MANZANITA AVENUE	GRANTS PASS	97526-1431	JOSEPHINE	5	30	278213	1922022425	N
1710 NE FAIRVIEW AVENUE	GRANTS PASS	97526-3877	JOSEPHINE	81	780	800982	1386863769	N
2201 NW HIGHLAND AVENUE	GRANTS PASS	97526-3365	JOSEPHINE	81	780	806307	1437156685	N
714 NW A STREET	GRANTS PASS	97526-1802	JOSEPHINE	47	79	971519	1295737336	N
1833 NEBRASKA AVE	GRANTS PASS	97527-5701	JOSEPHINE	29	190	158295	1447236880	N
1619 NW HAWTHORNE AVE STE	GRANTS PASS	97526-6009	JOSEPHINE	29	190	158295	1447236880	N
859 NE 6TH STREET	GRANTS PASS	97526-1594	JOSEPHINE	81	780	800987	1275753279	N
881 NE 7TH STREET	GRANTS PASS	97526-1634	JOSEPHINE	44	385	000126	1609944347	N
2727 BARNETT ROAD	MEDFORD	97504-8331	JACKSON	44	385	000126	1366510034	N
2825 BARNETT ROAD	MEDFORD	97504-8389	JACKSON	26	165	162008	1114002128	N
2075 HIGHLAND AVENUE	GRANTS PASS	97526-3399	JOSEPHINE	81	780	800214	1285881375	N
1204 NW 6TH STREET	GRANTS PASS	97526-1254	JOSEPHINE	48	400	269215	1851473656	N
500 SW RAMSEY AVENUE	GRANTS PASS	97527-5681	JOSEPHINE	26	165	022560	1801891809	N

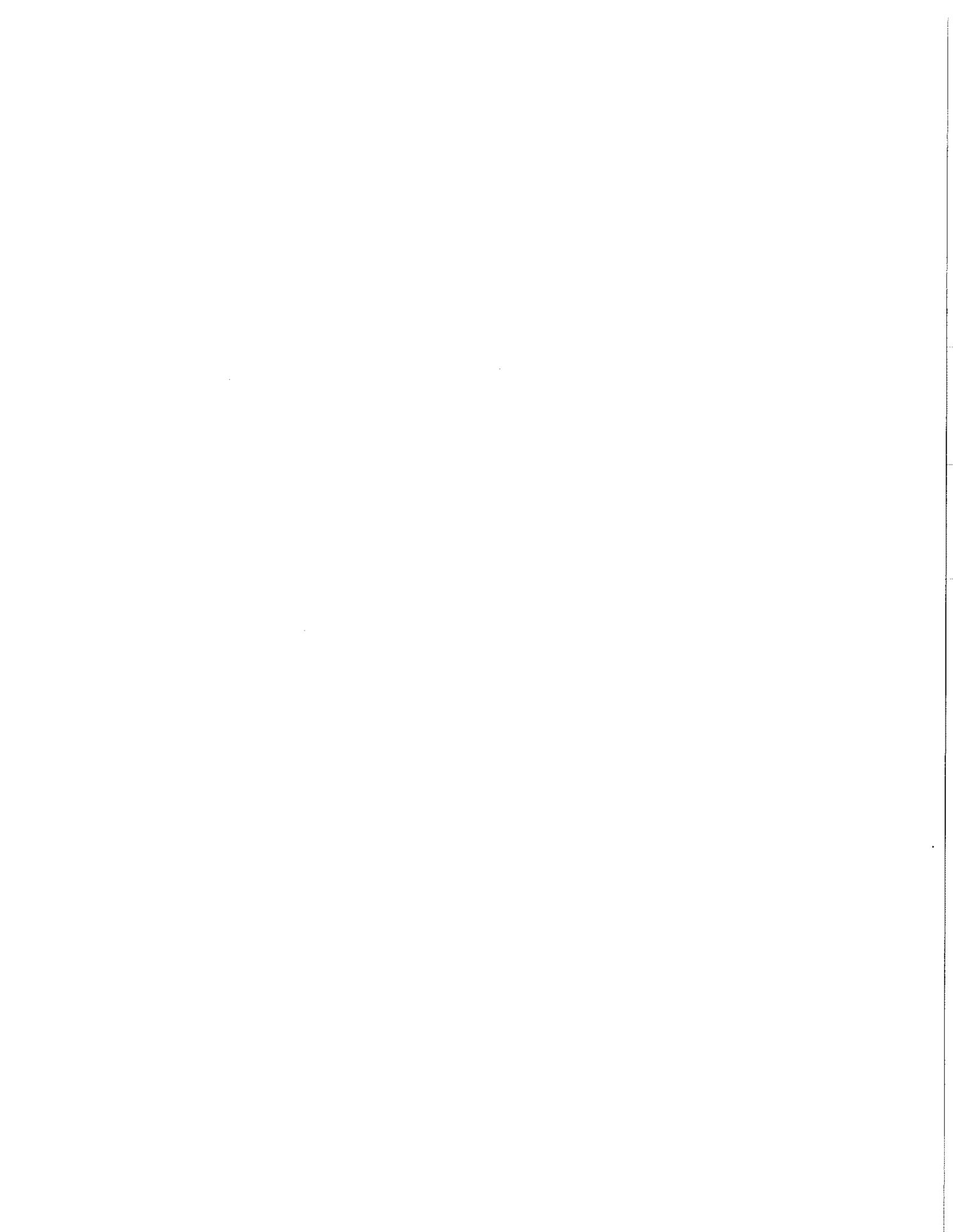


ounty only 97497,97525, 97527, 97530, 97537. Contract#132347 VI

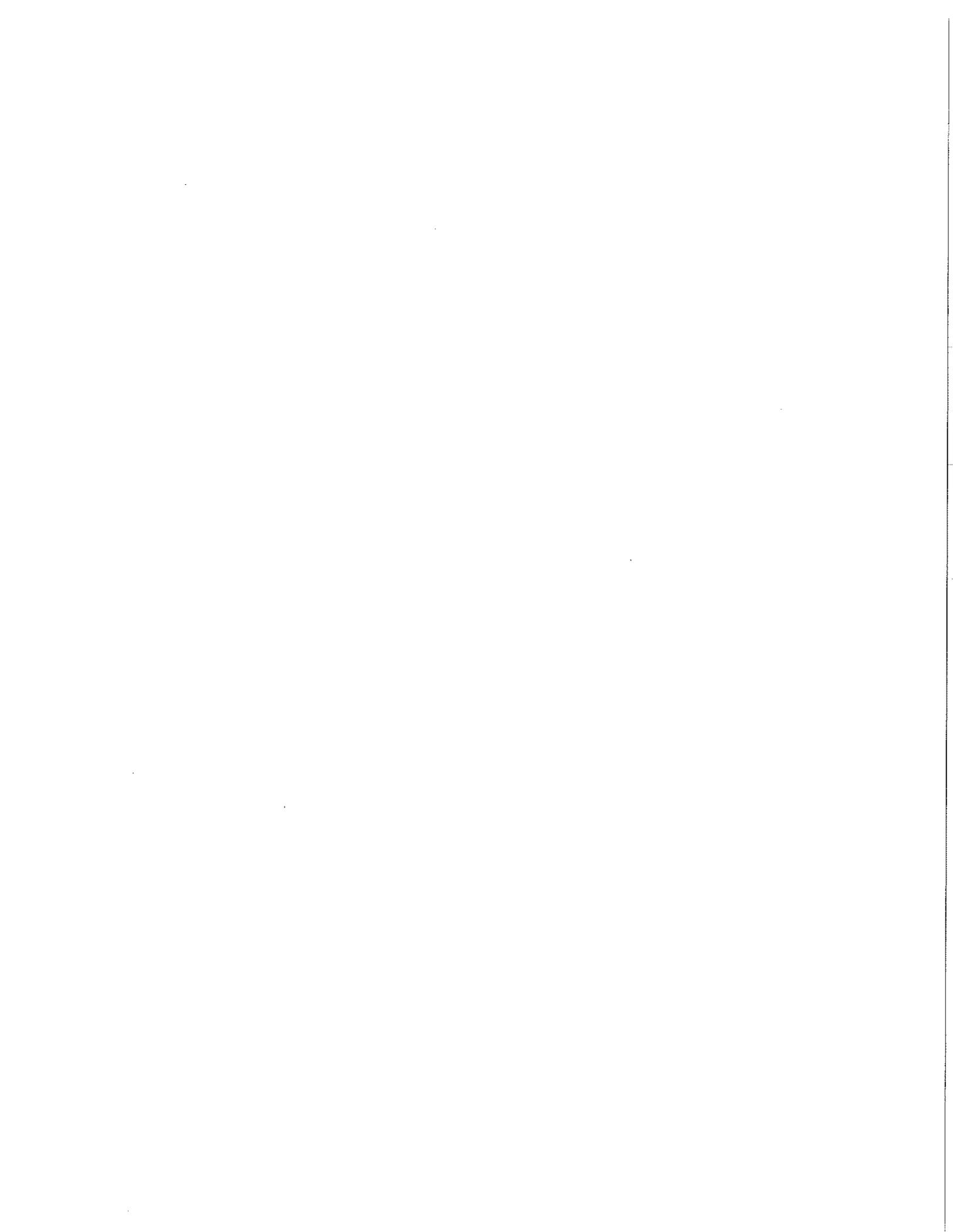
As of January 1st 2012 OHMS total membership was 5491. OHMS has Capacity for 8408 more members.



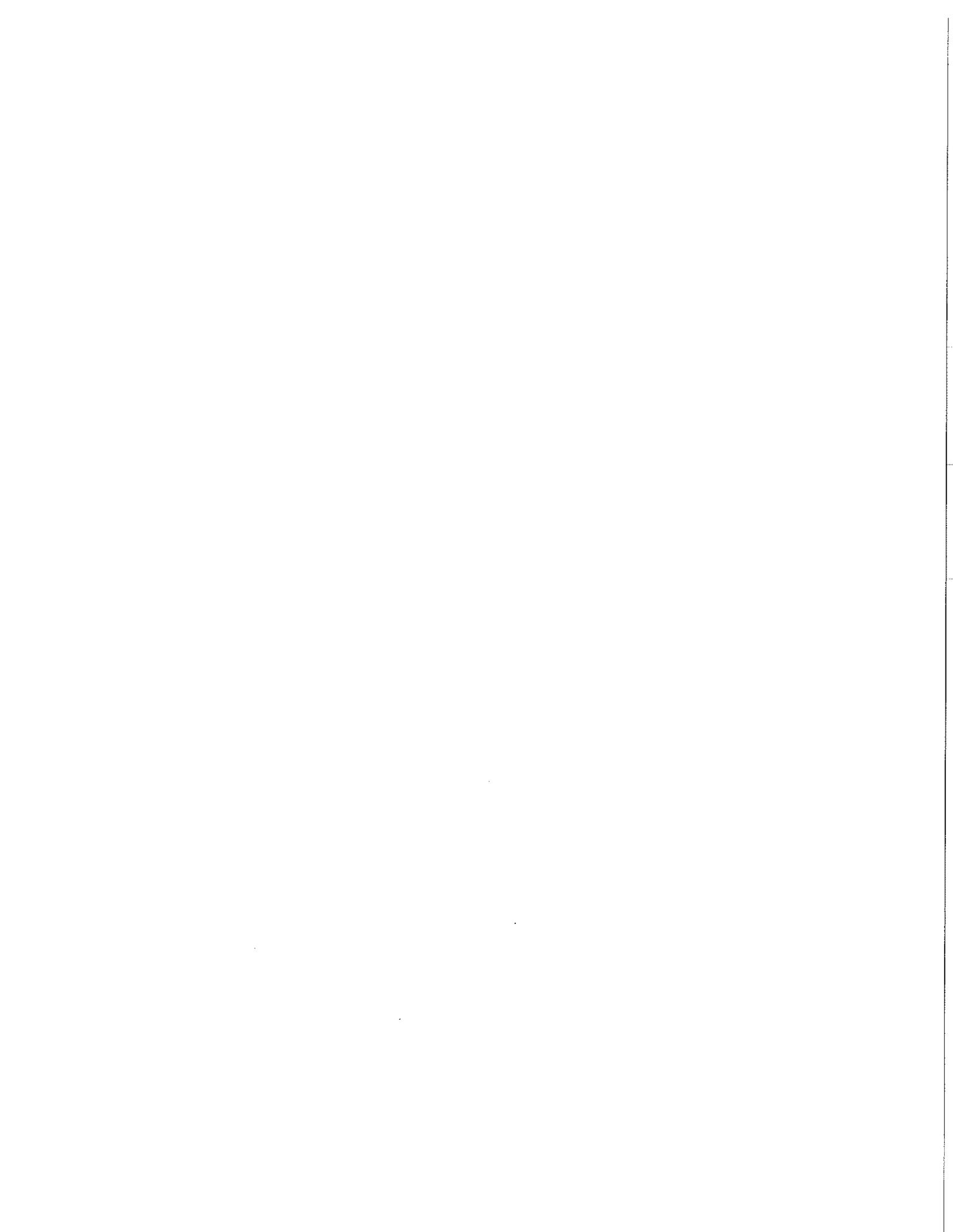
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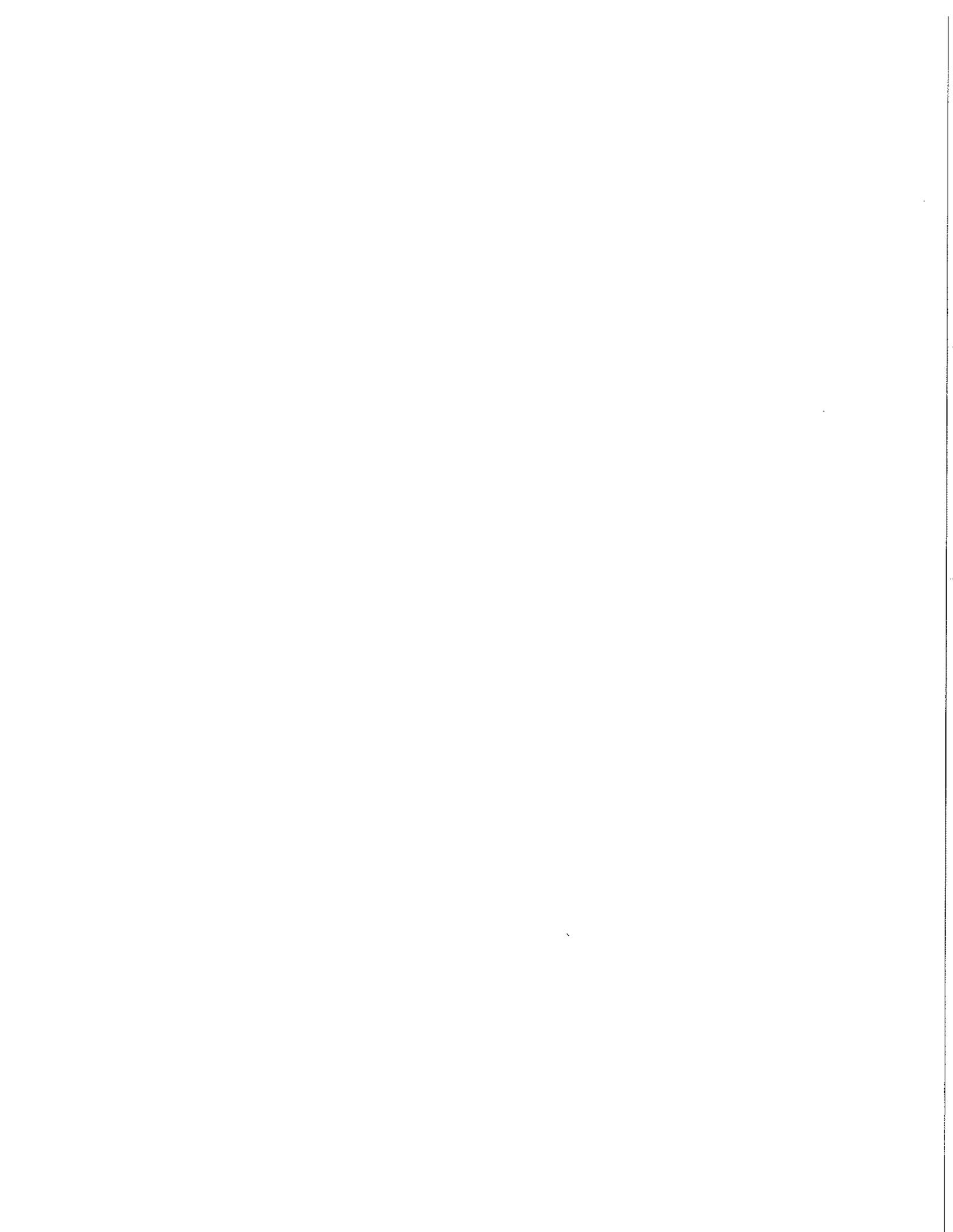
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03+000OHMS Participating Provider Table

03+000P Primary Health of Josephine County

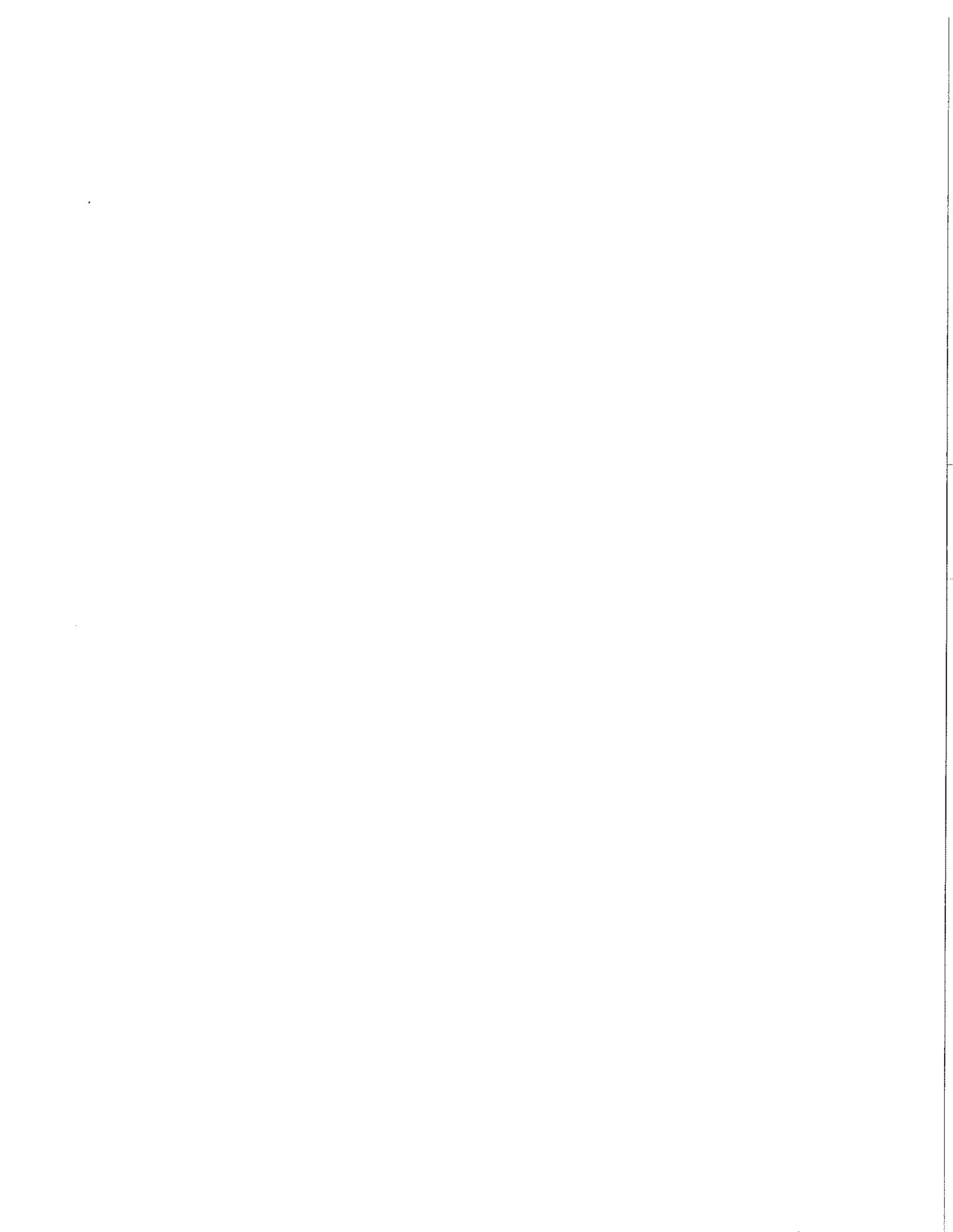
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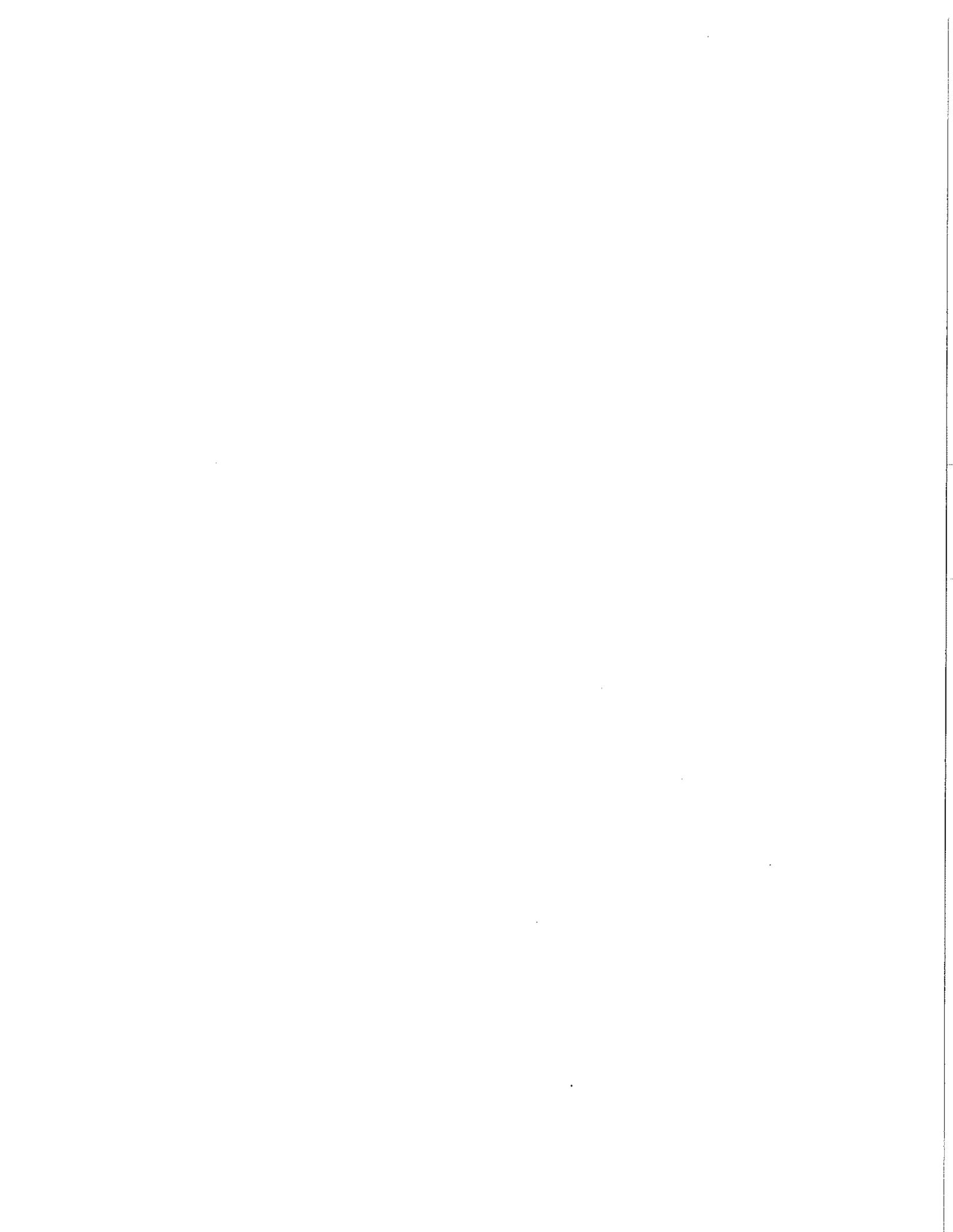
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03+000PrimaryHealth of Josephine County

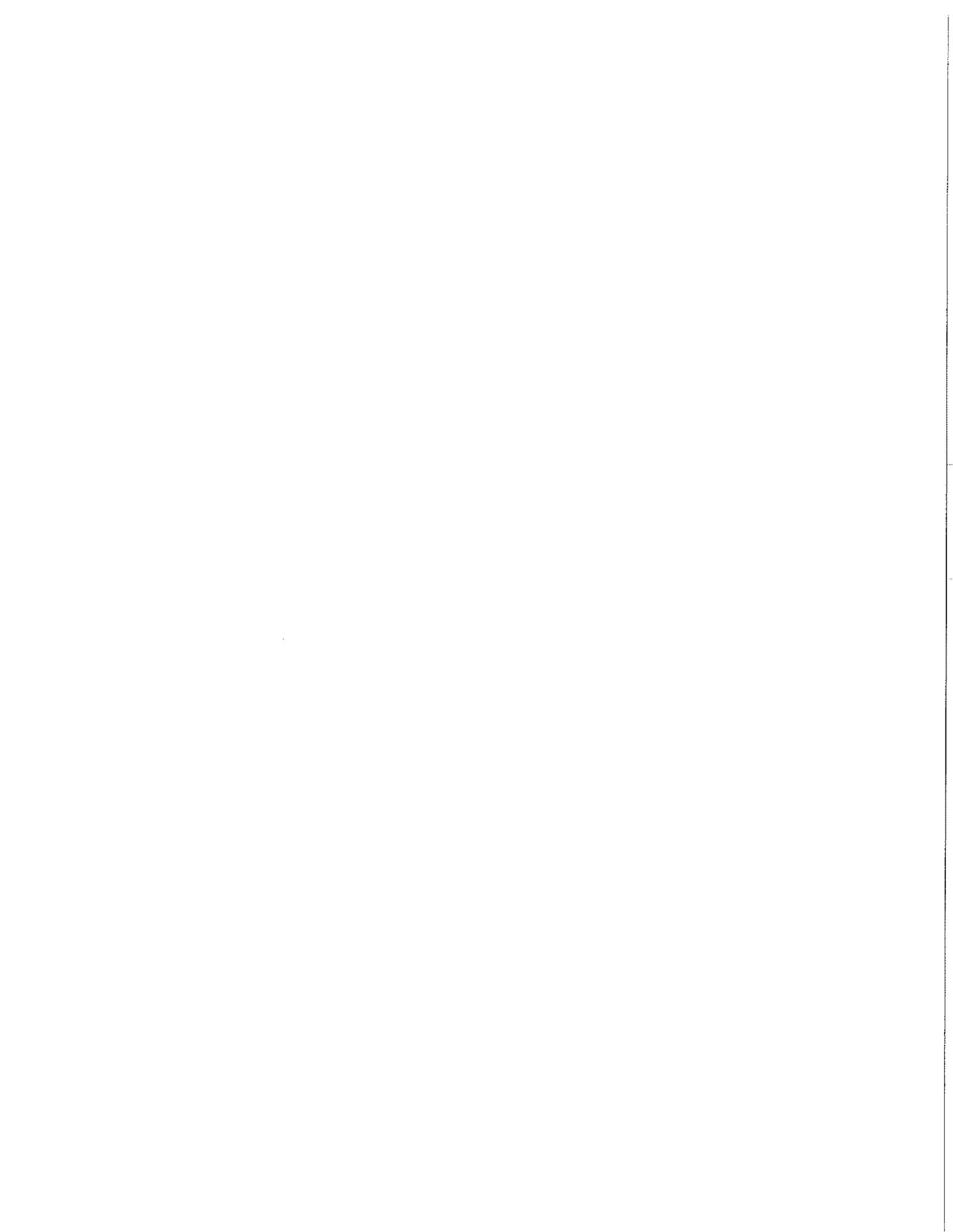
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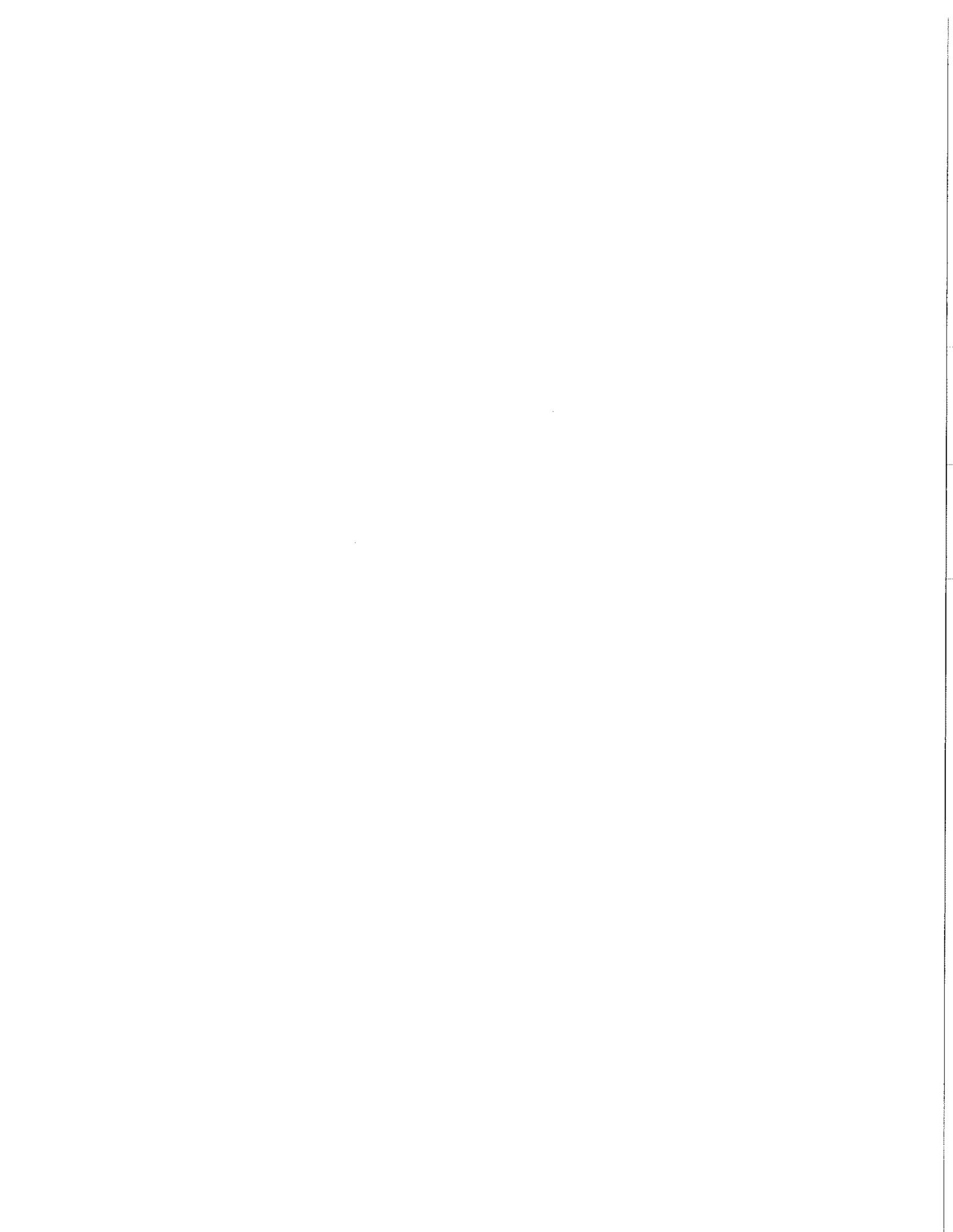
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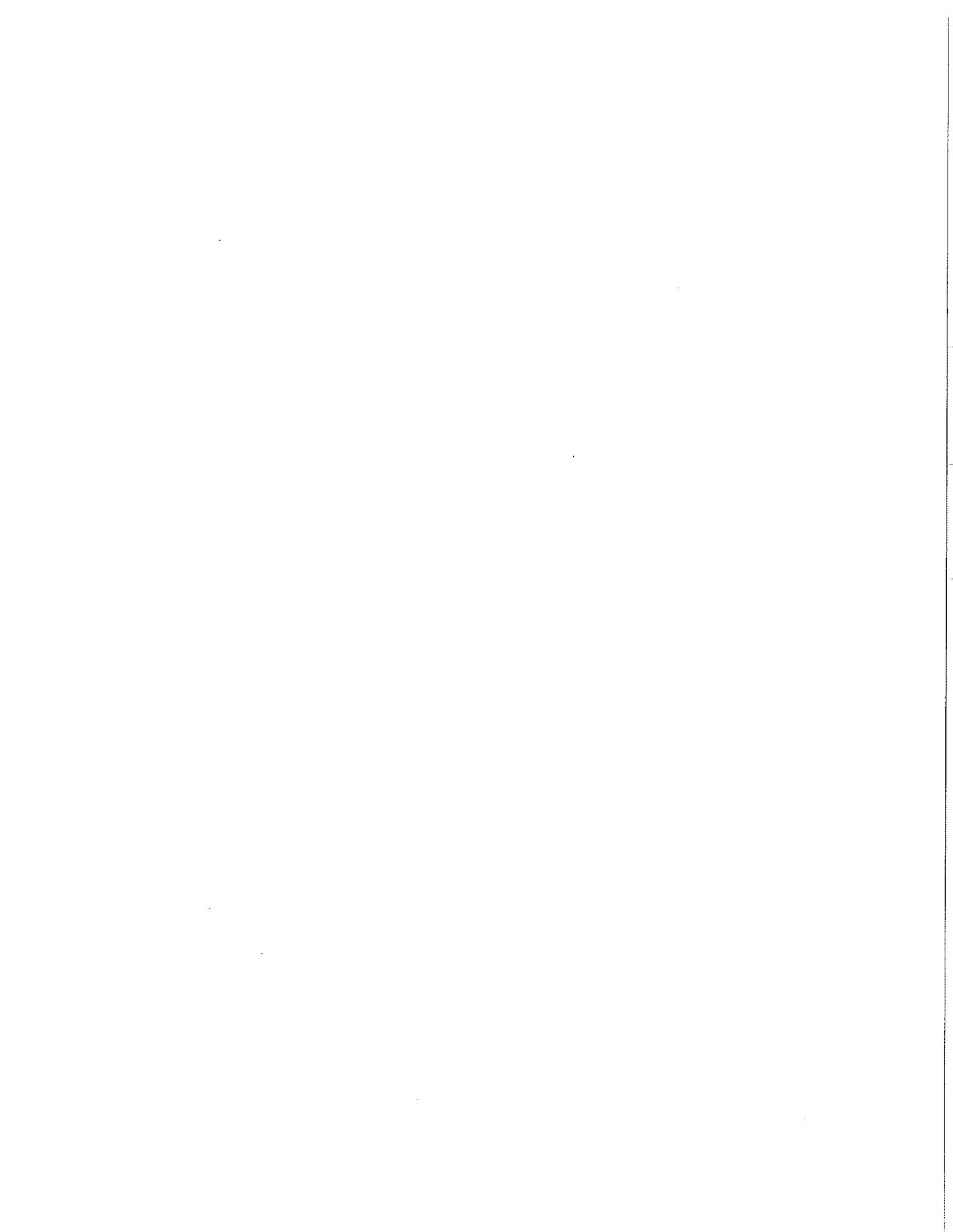
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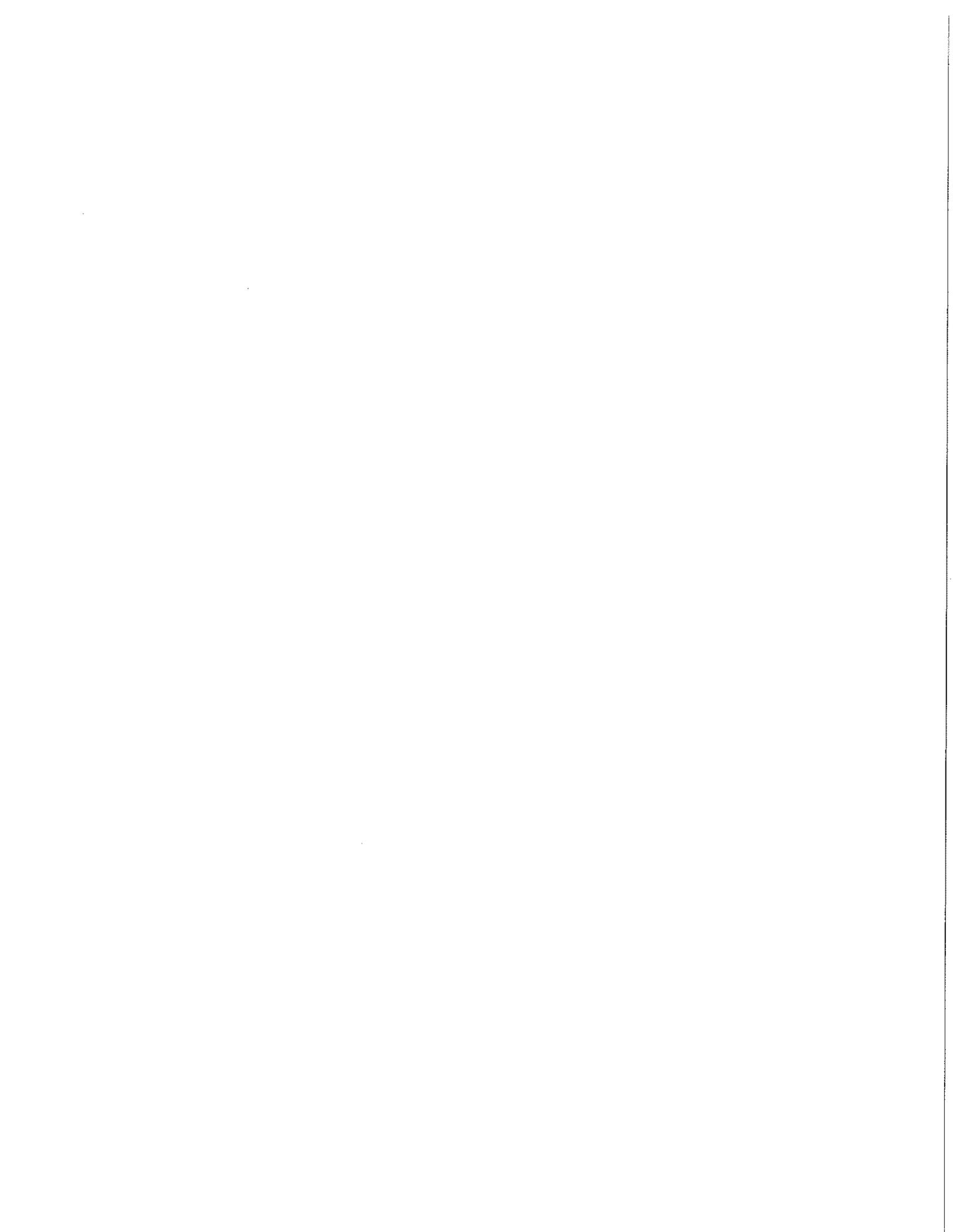
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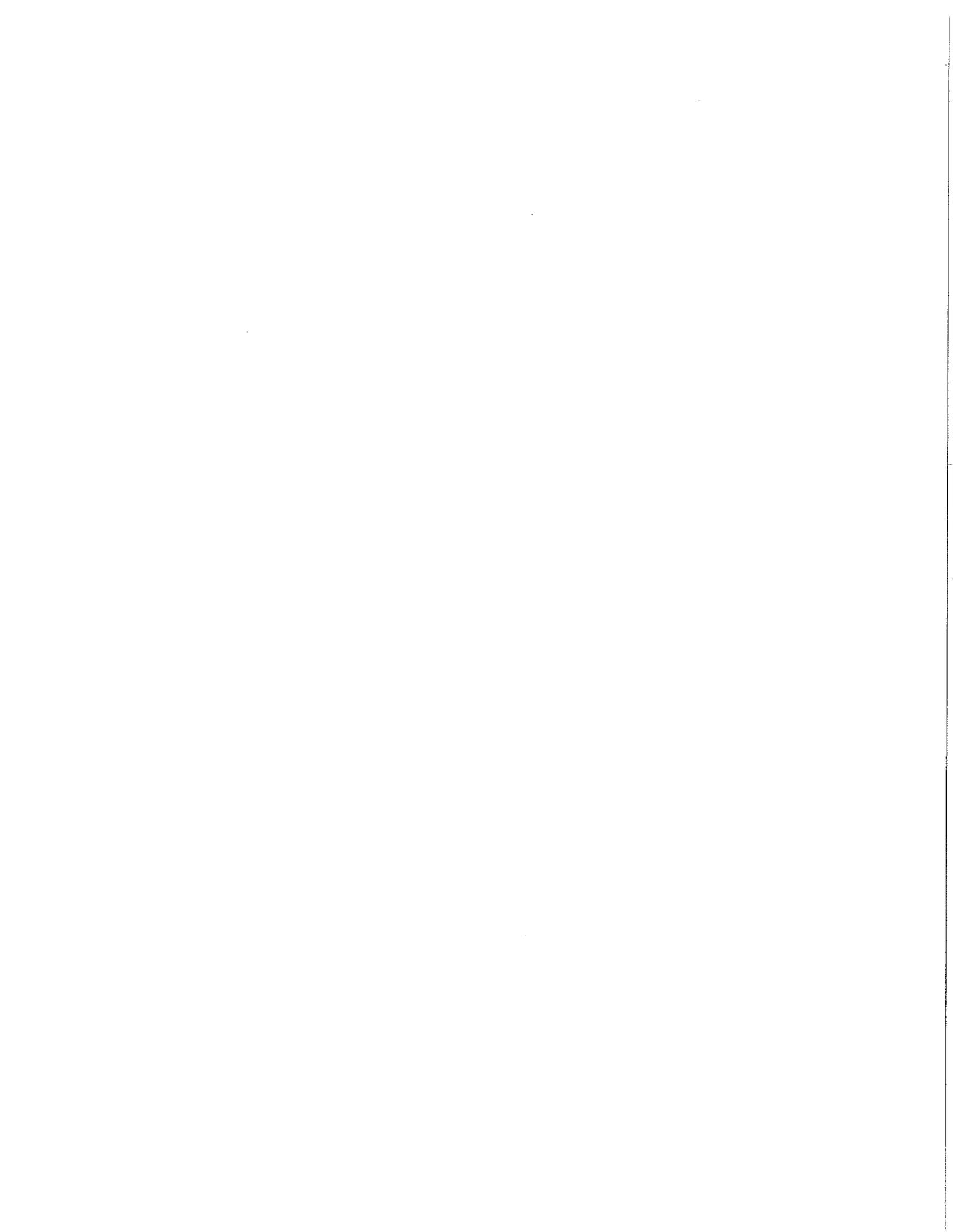
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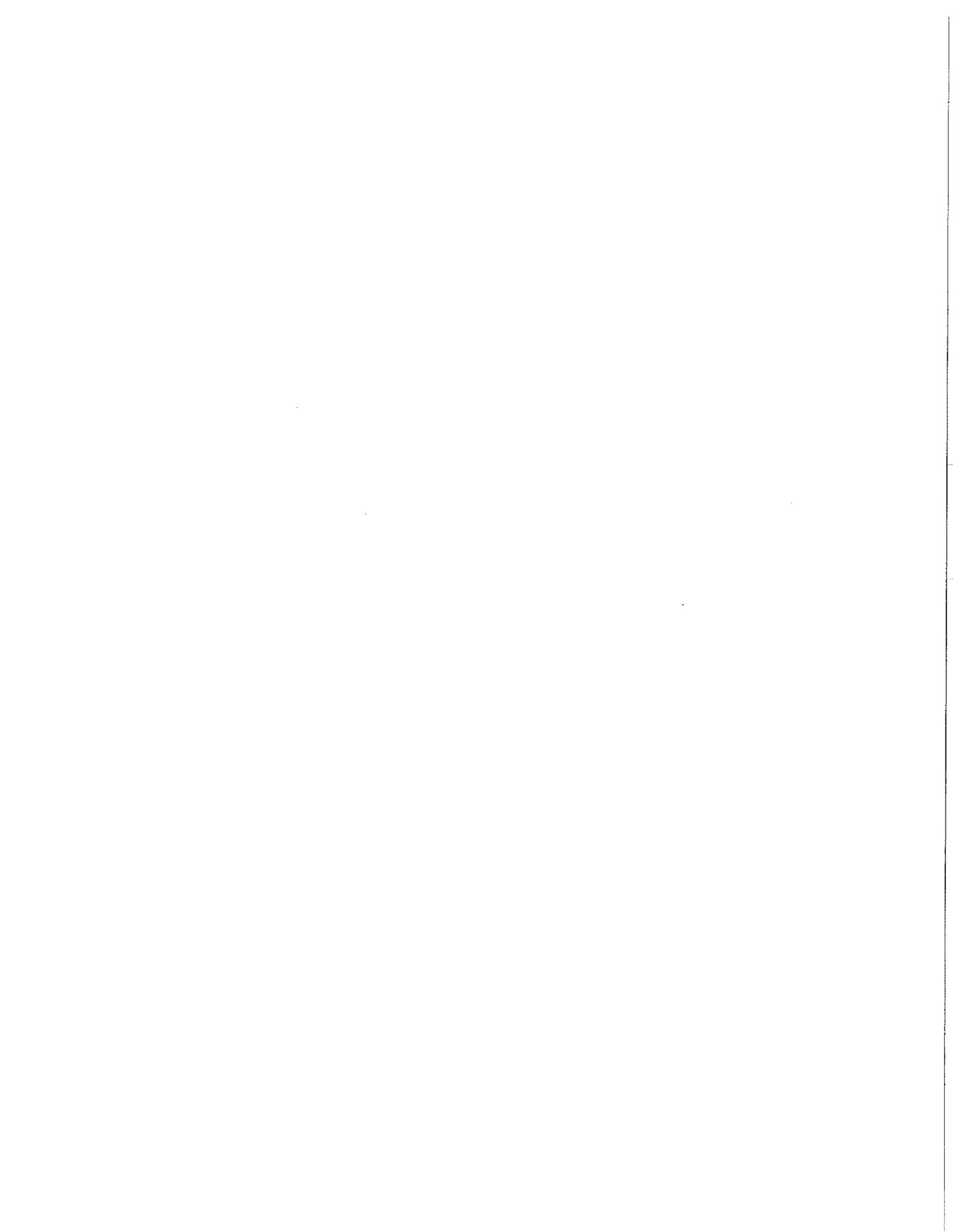
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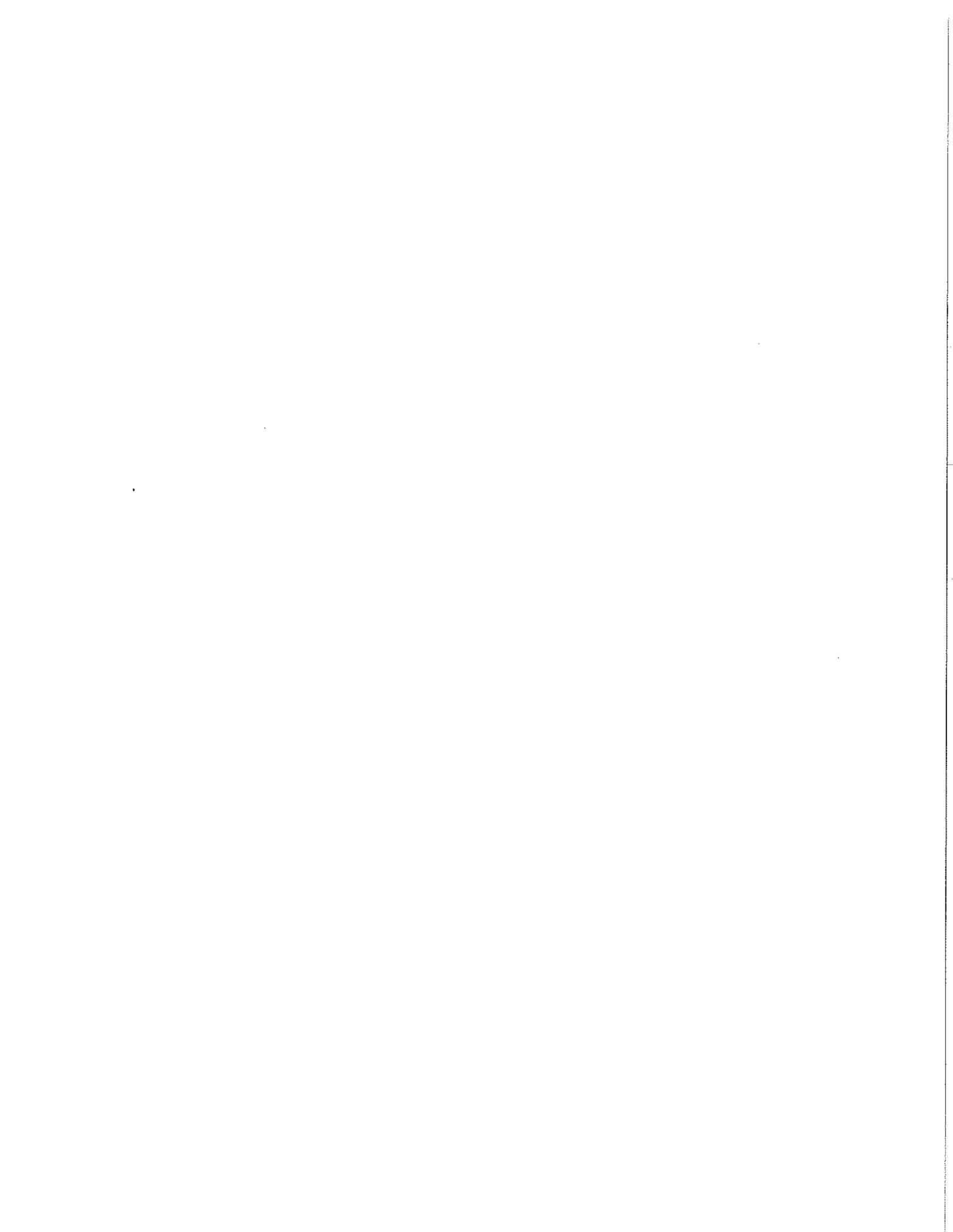


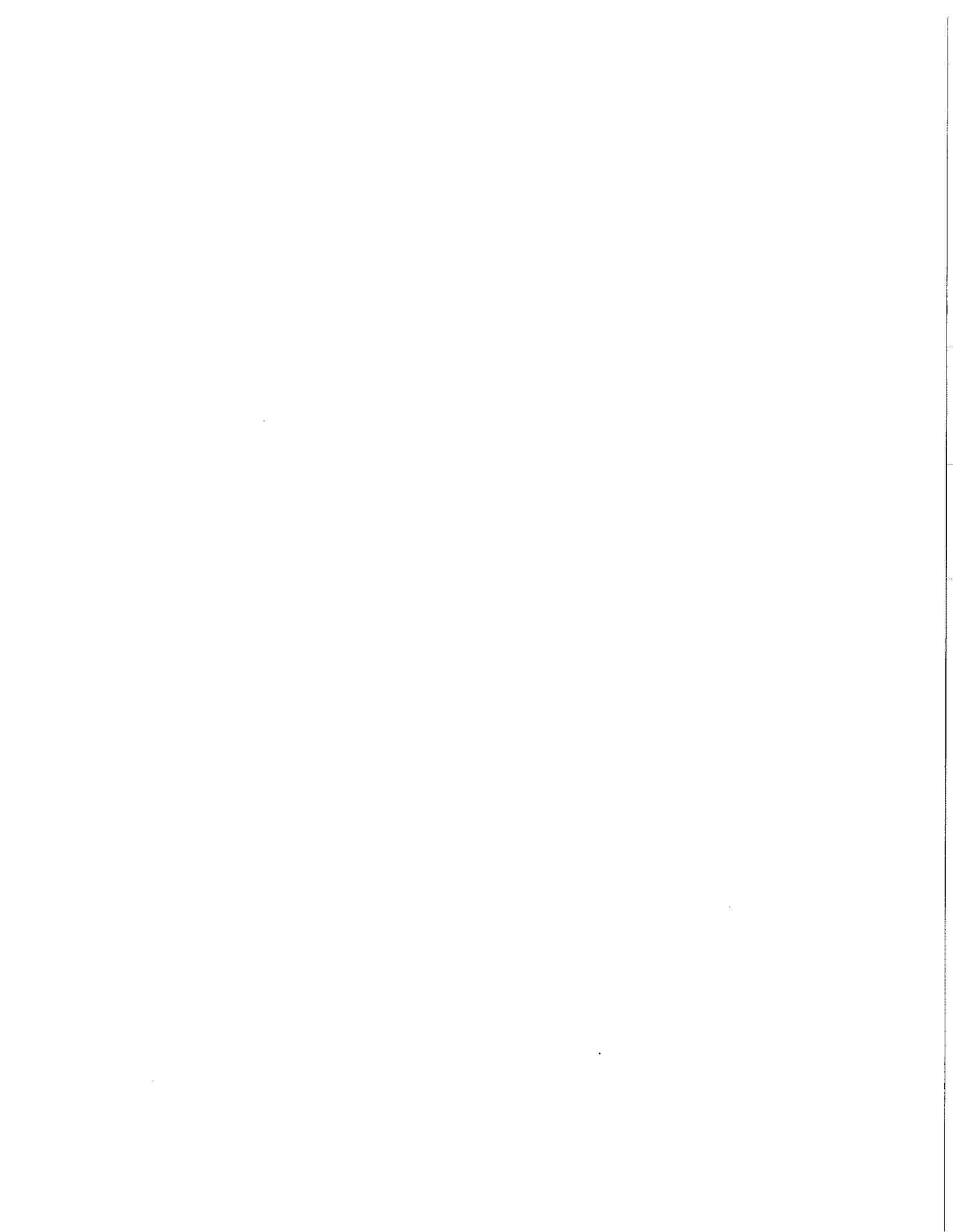
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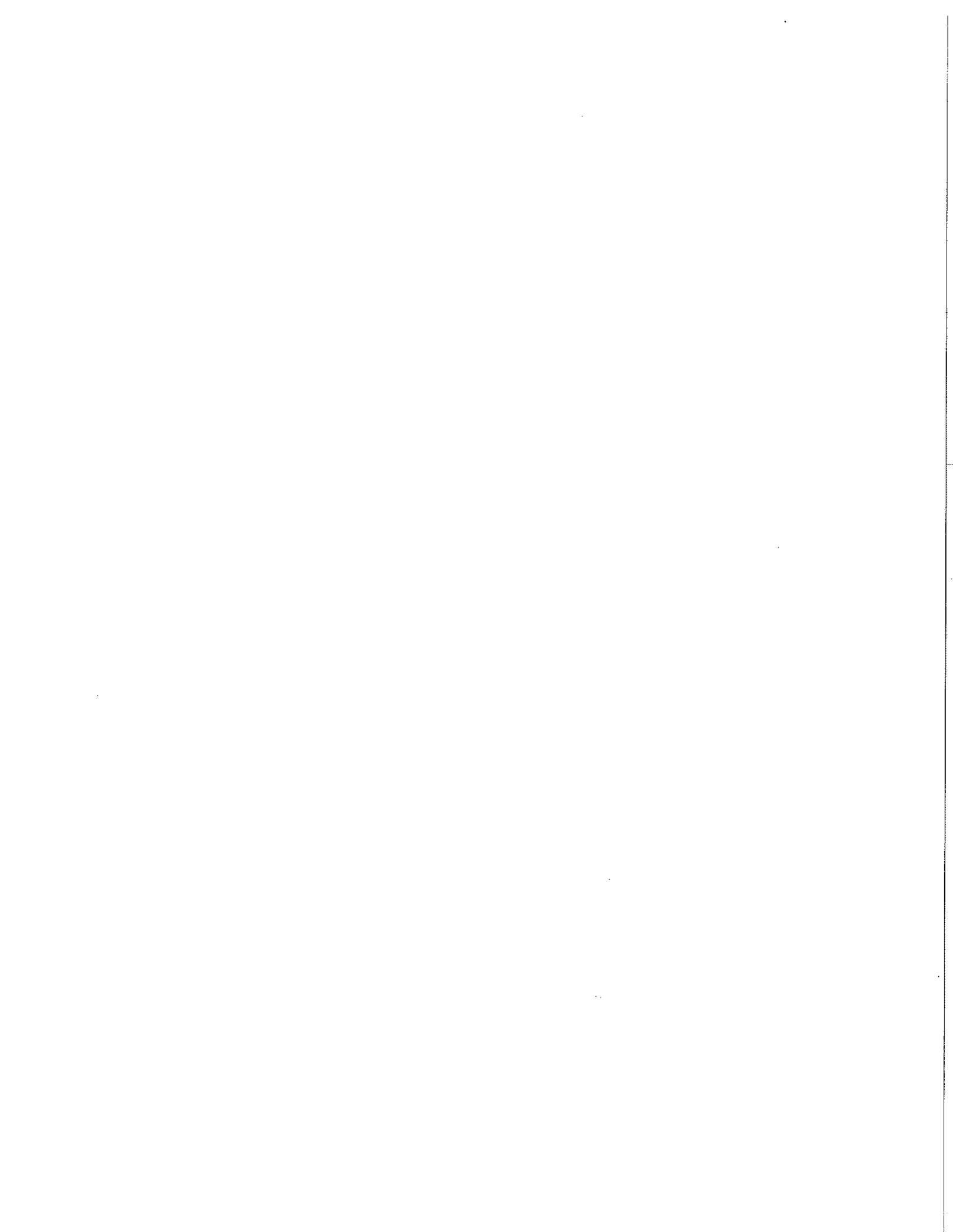


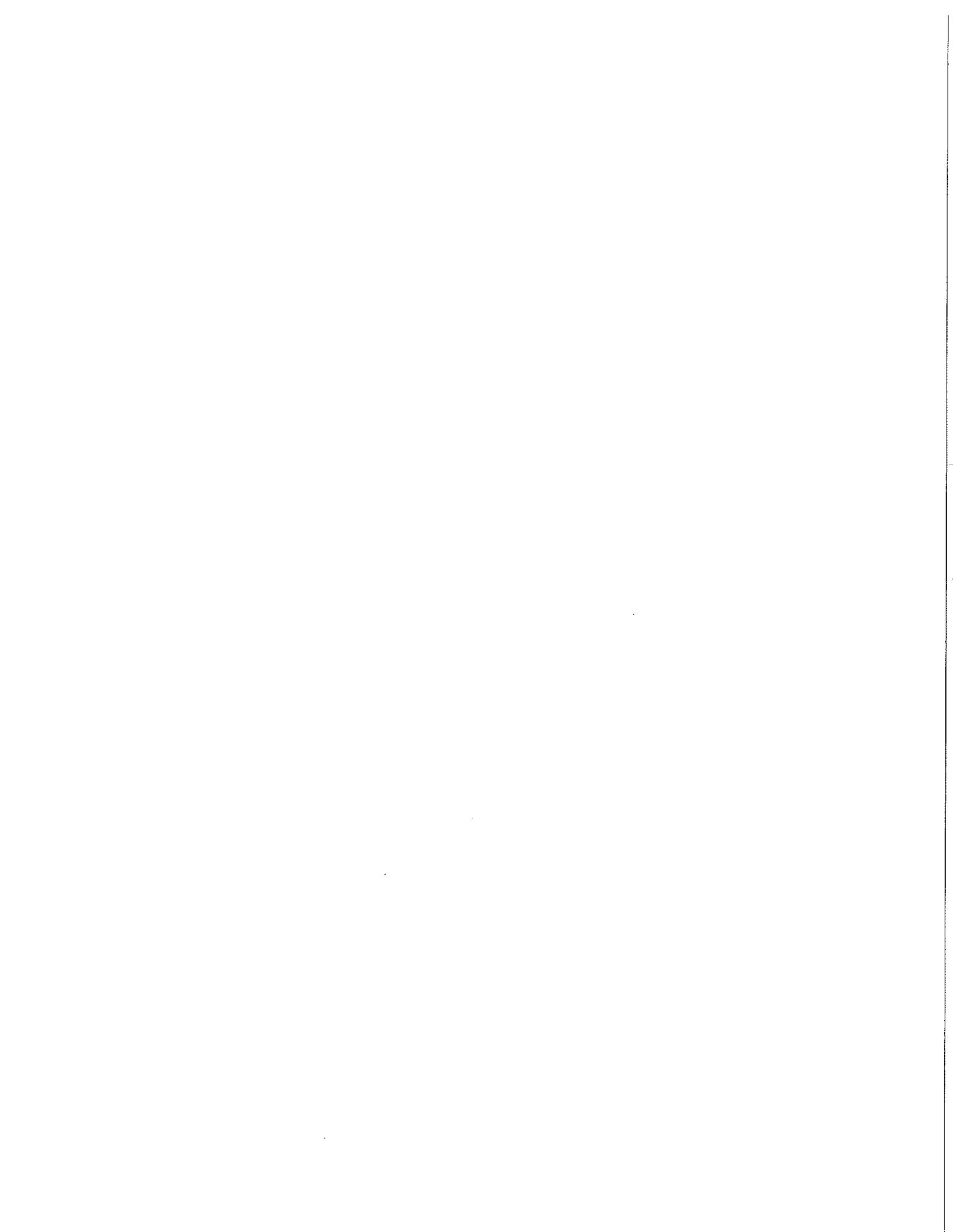
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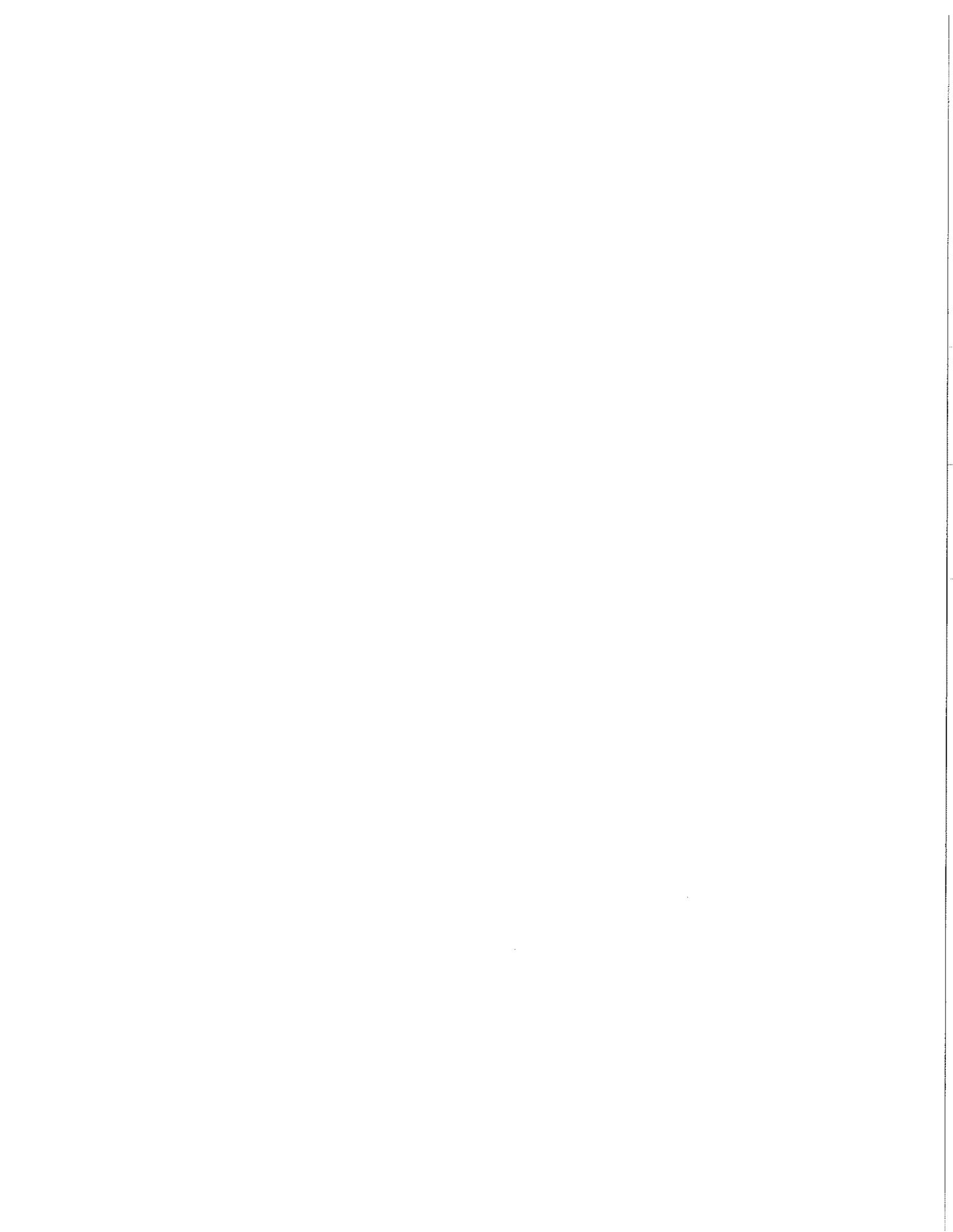


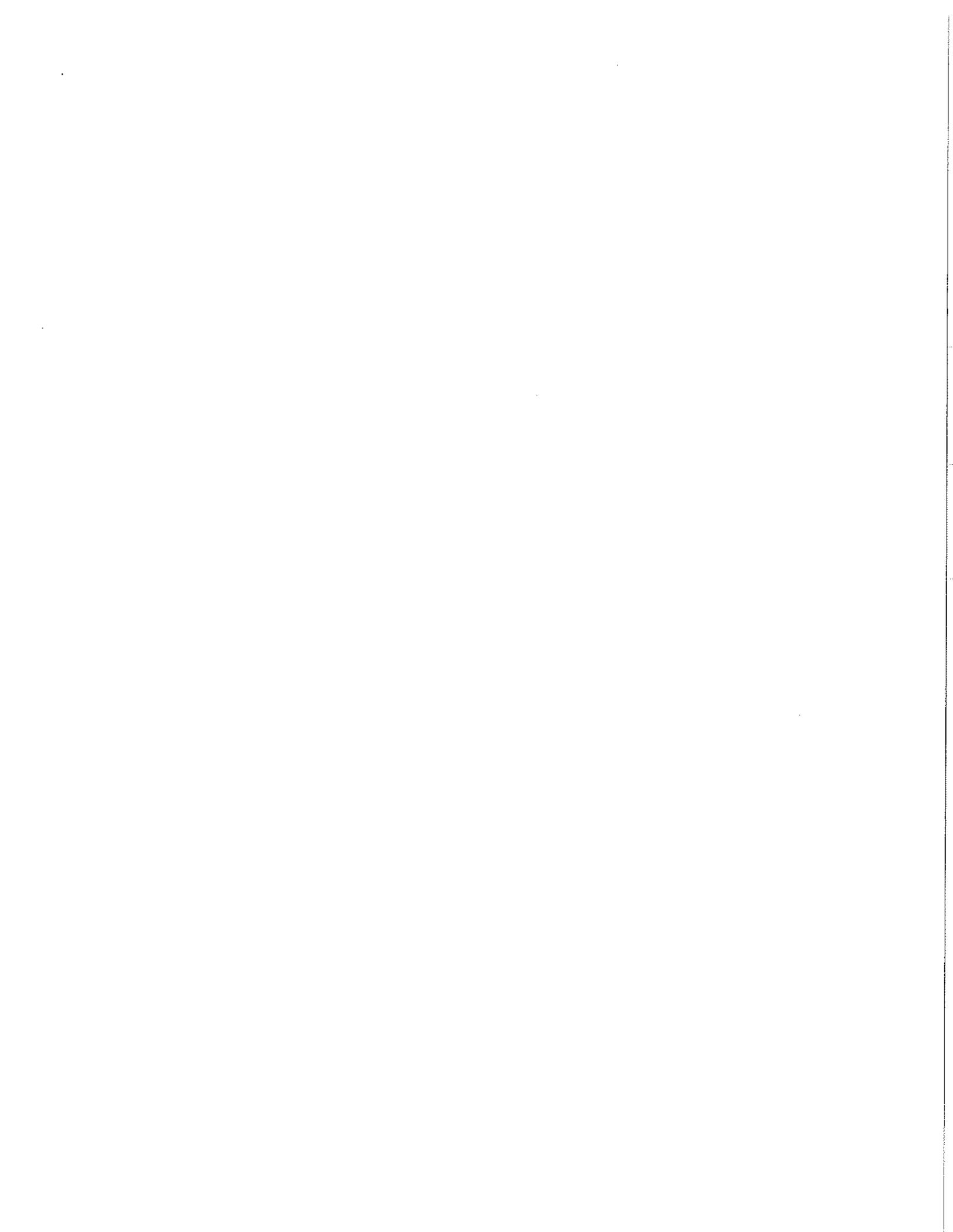


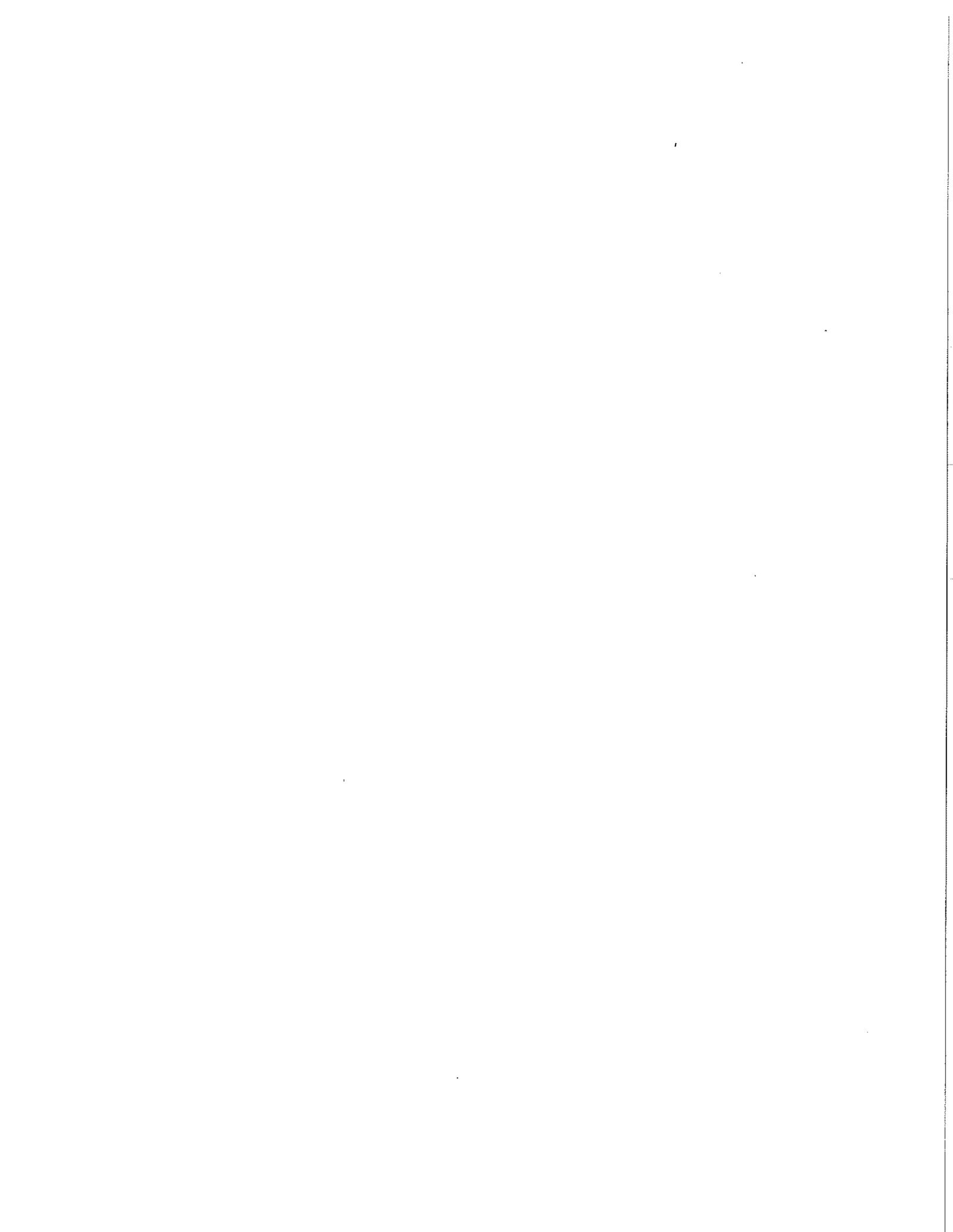




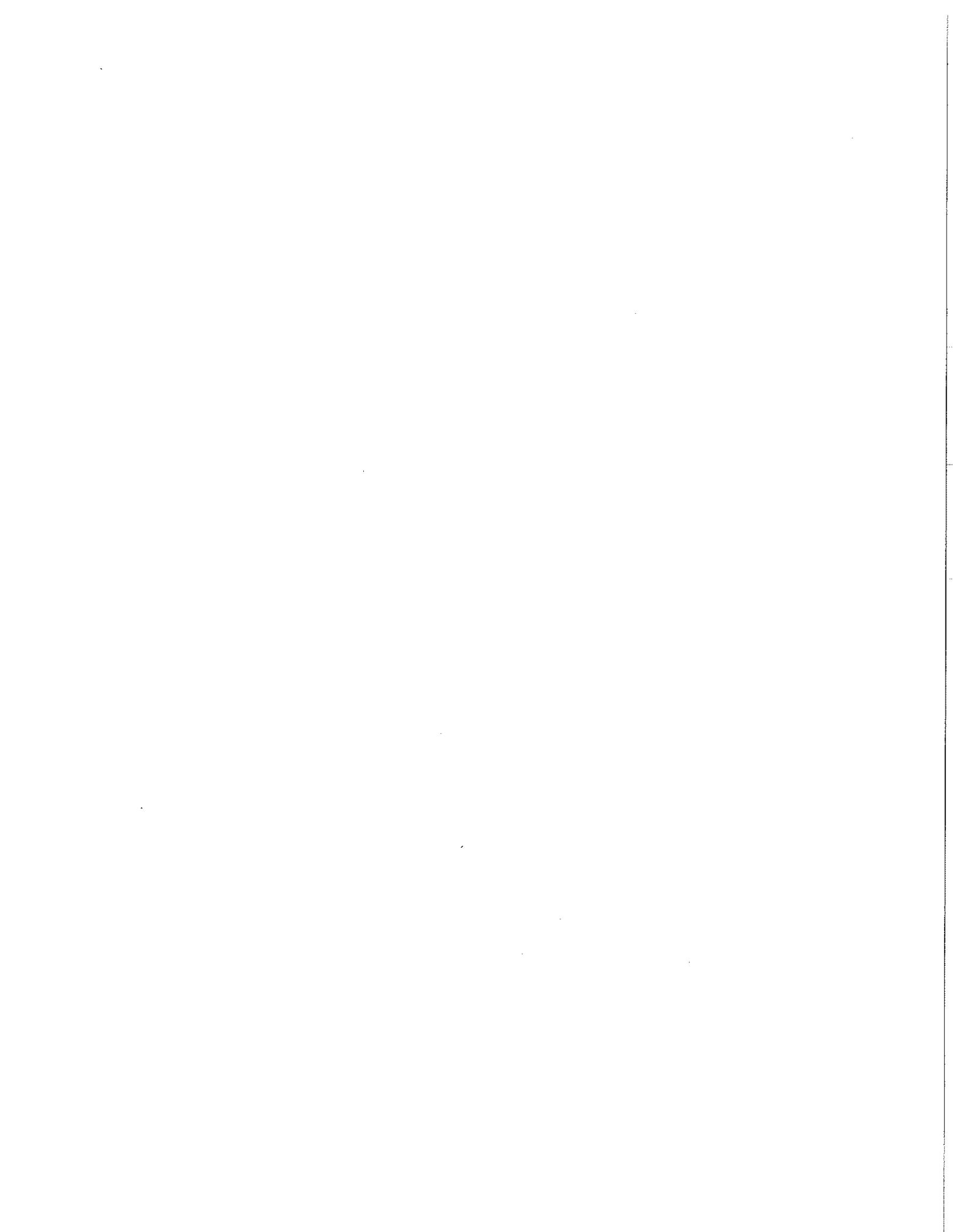


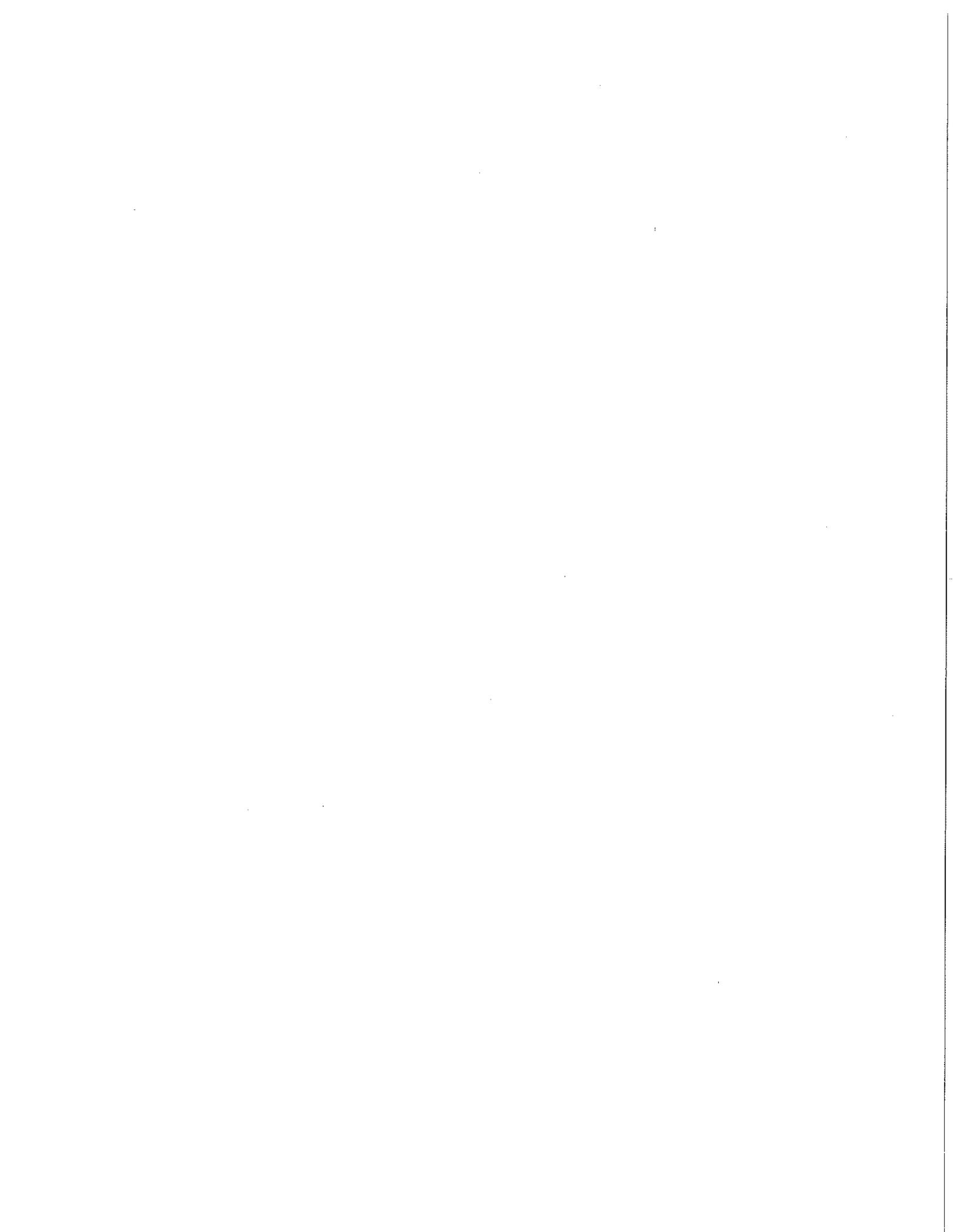


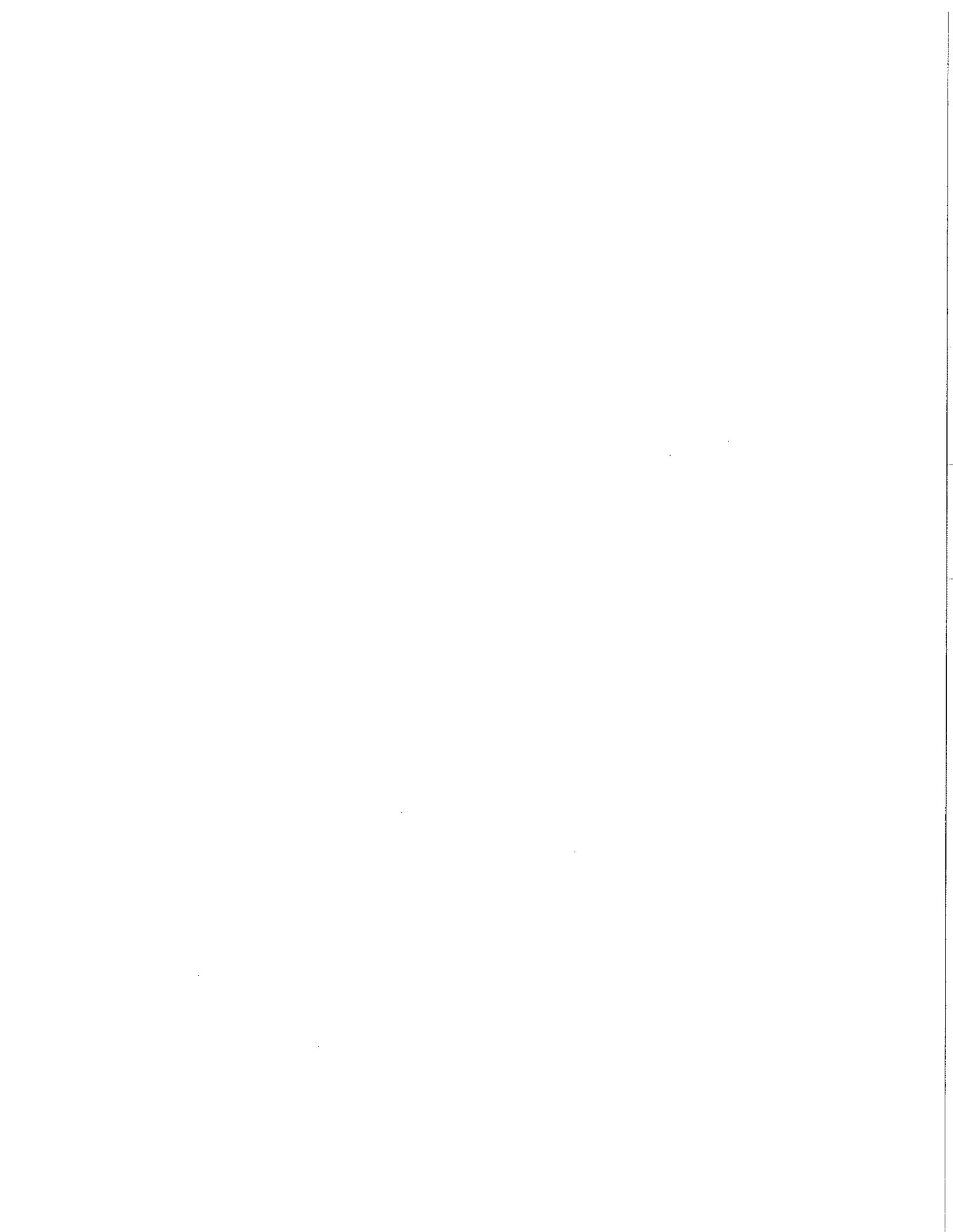


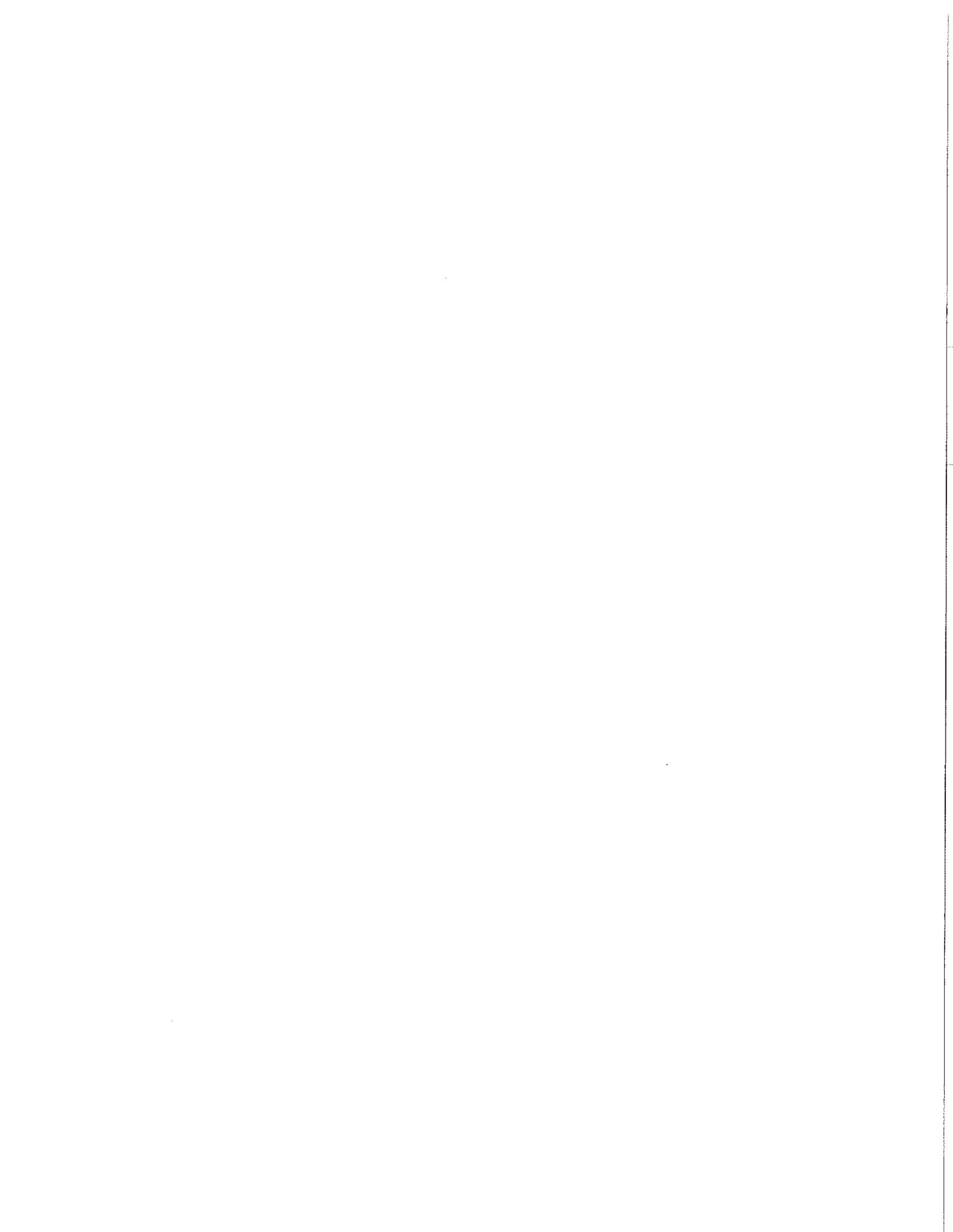


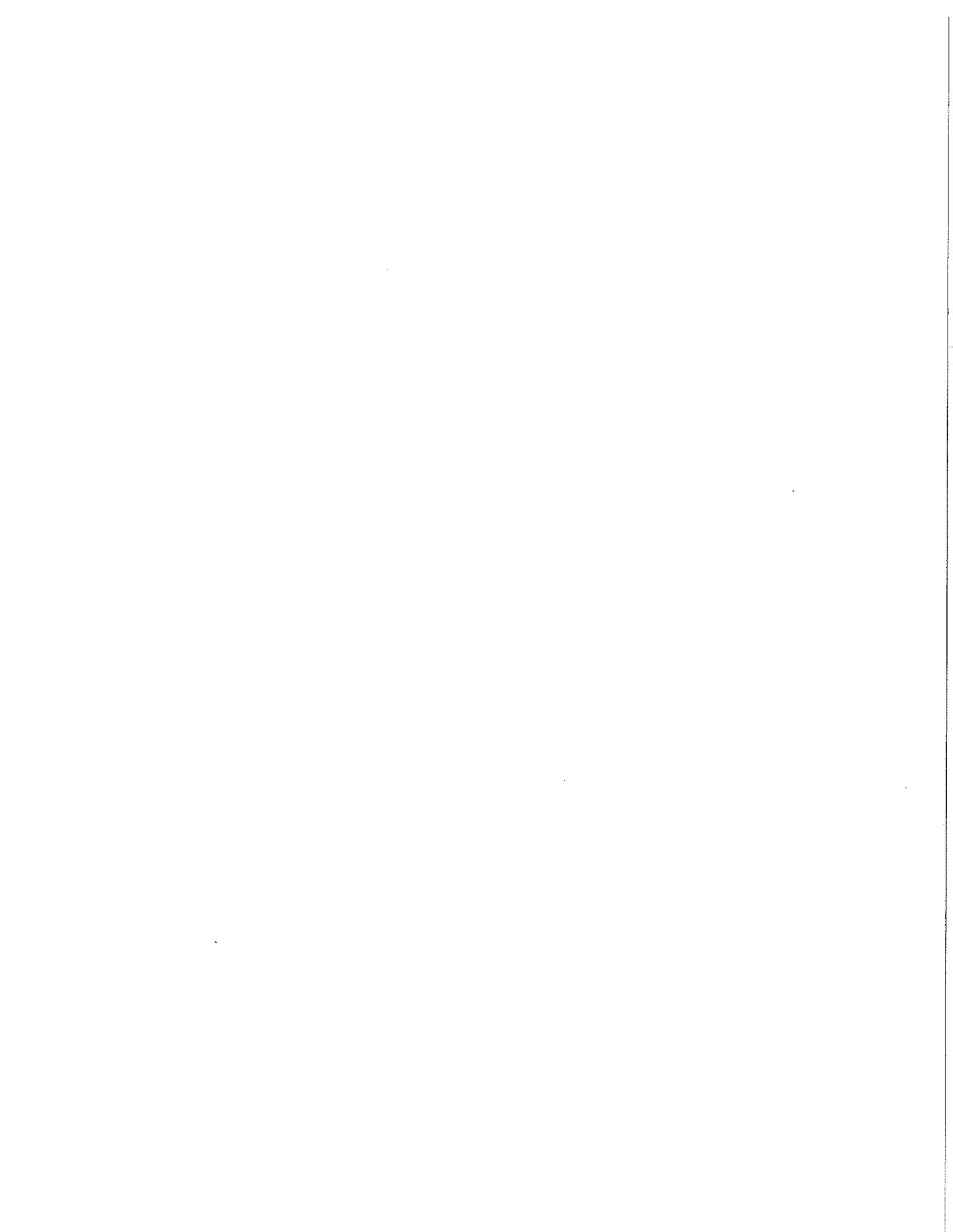


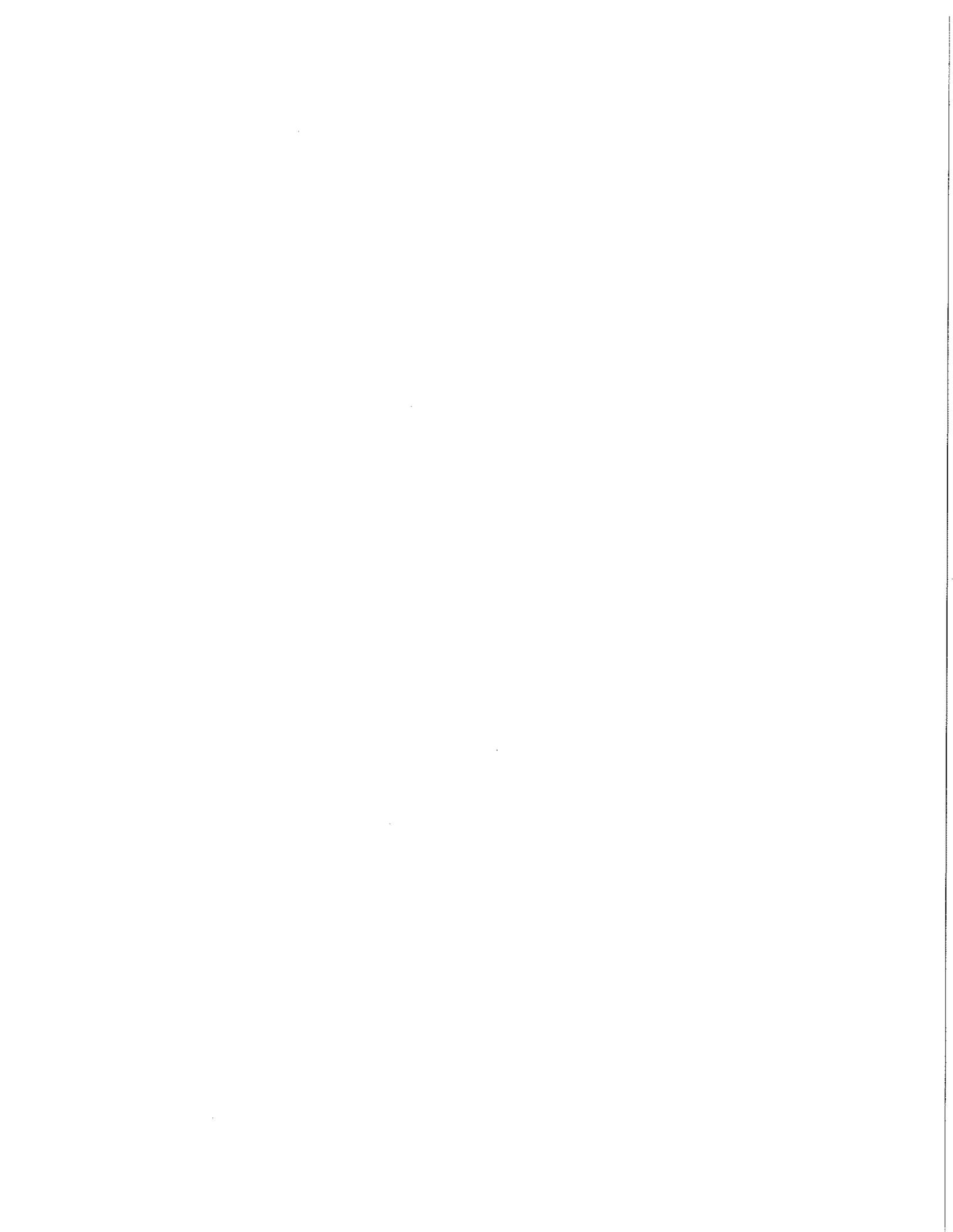


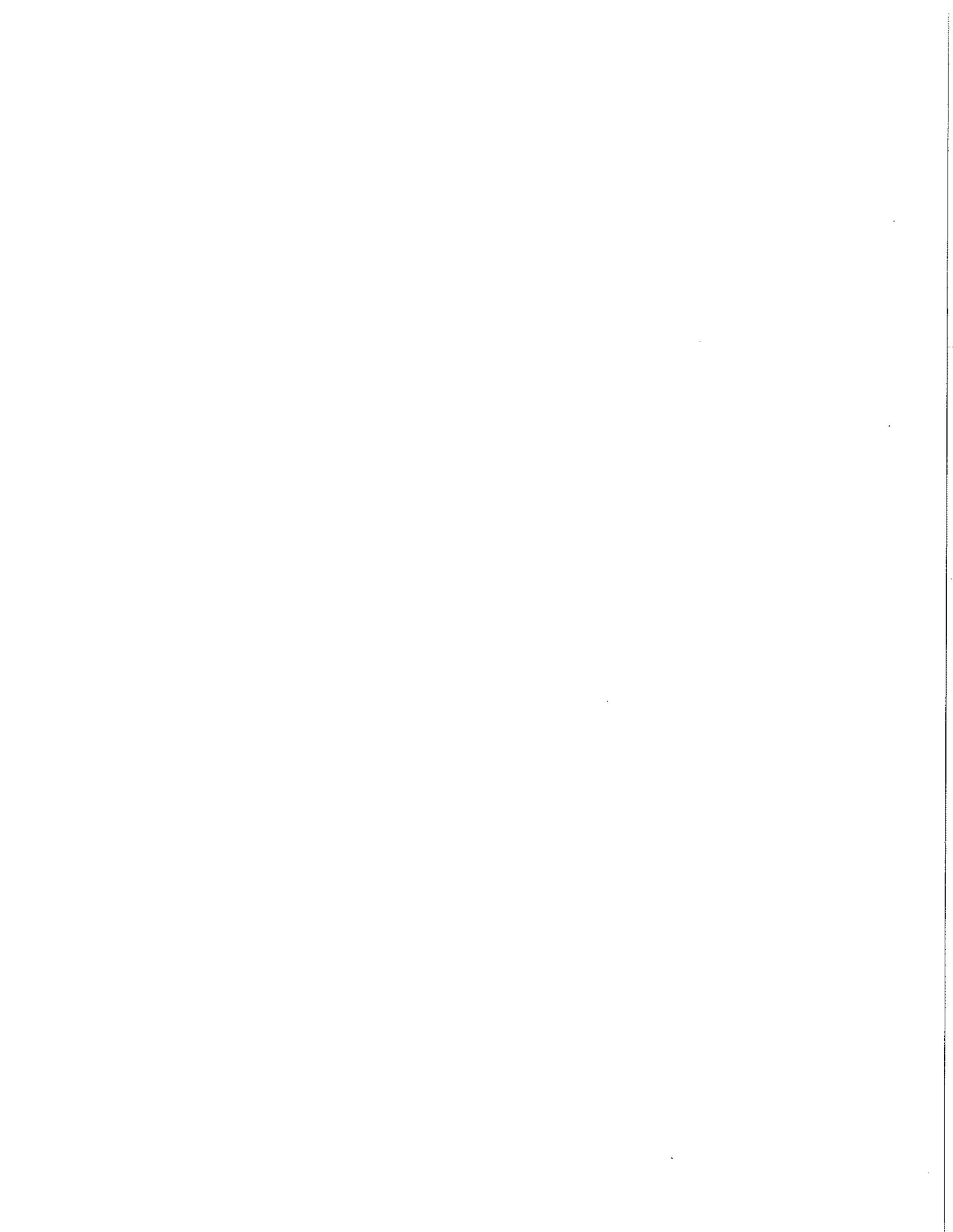


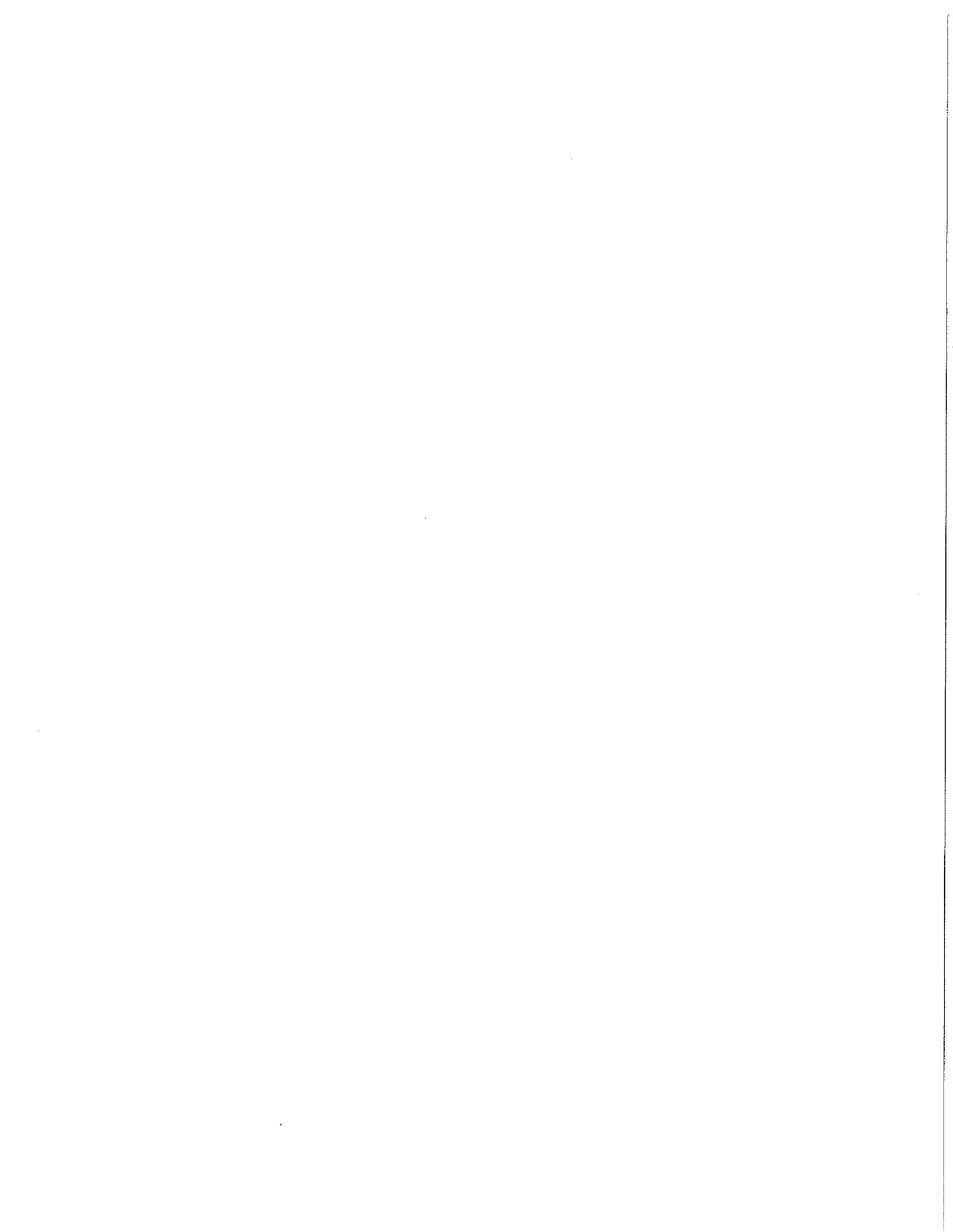


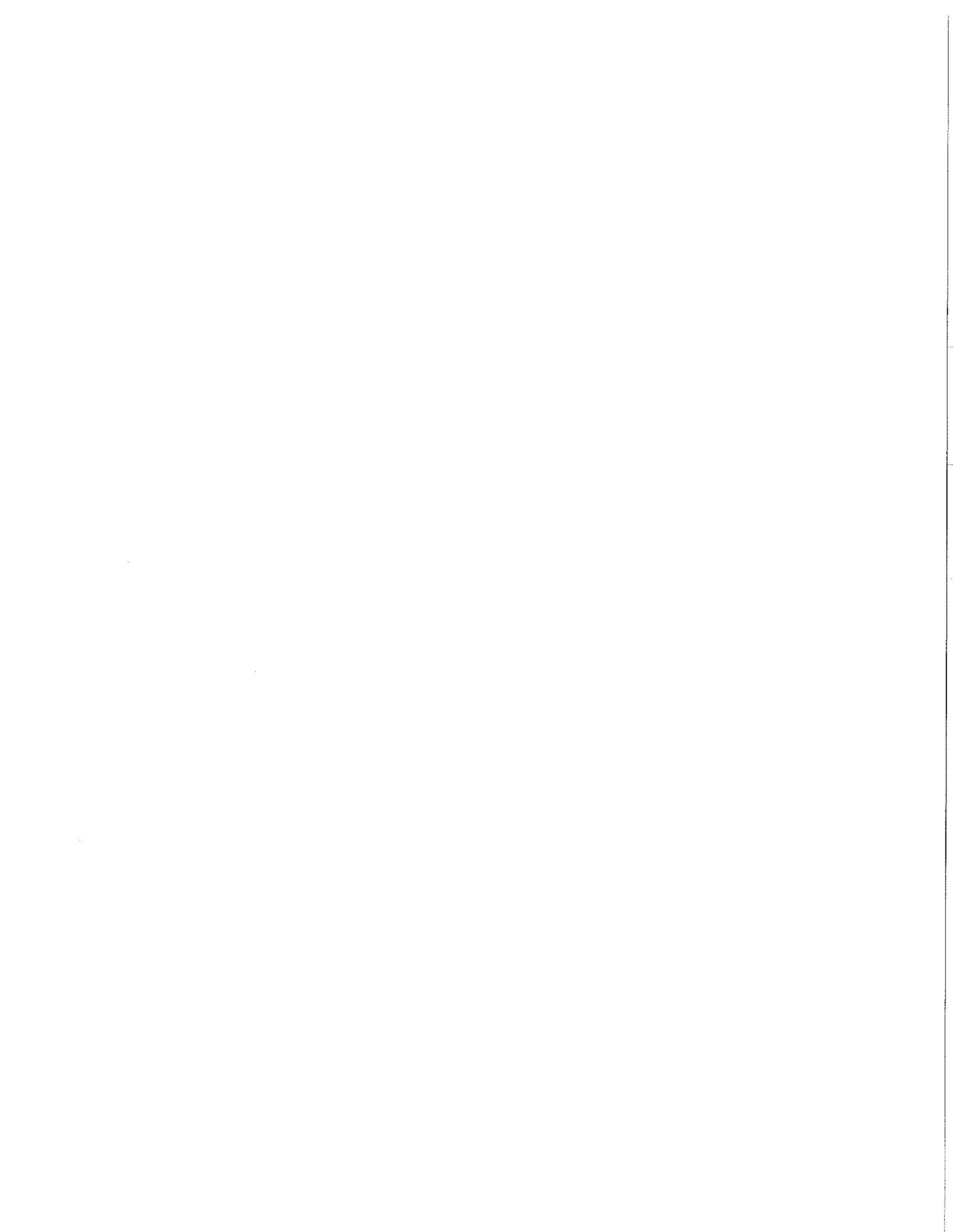


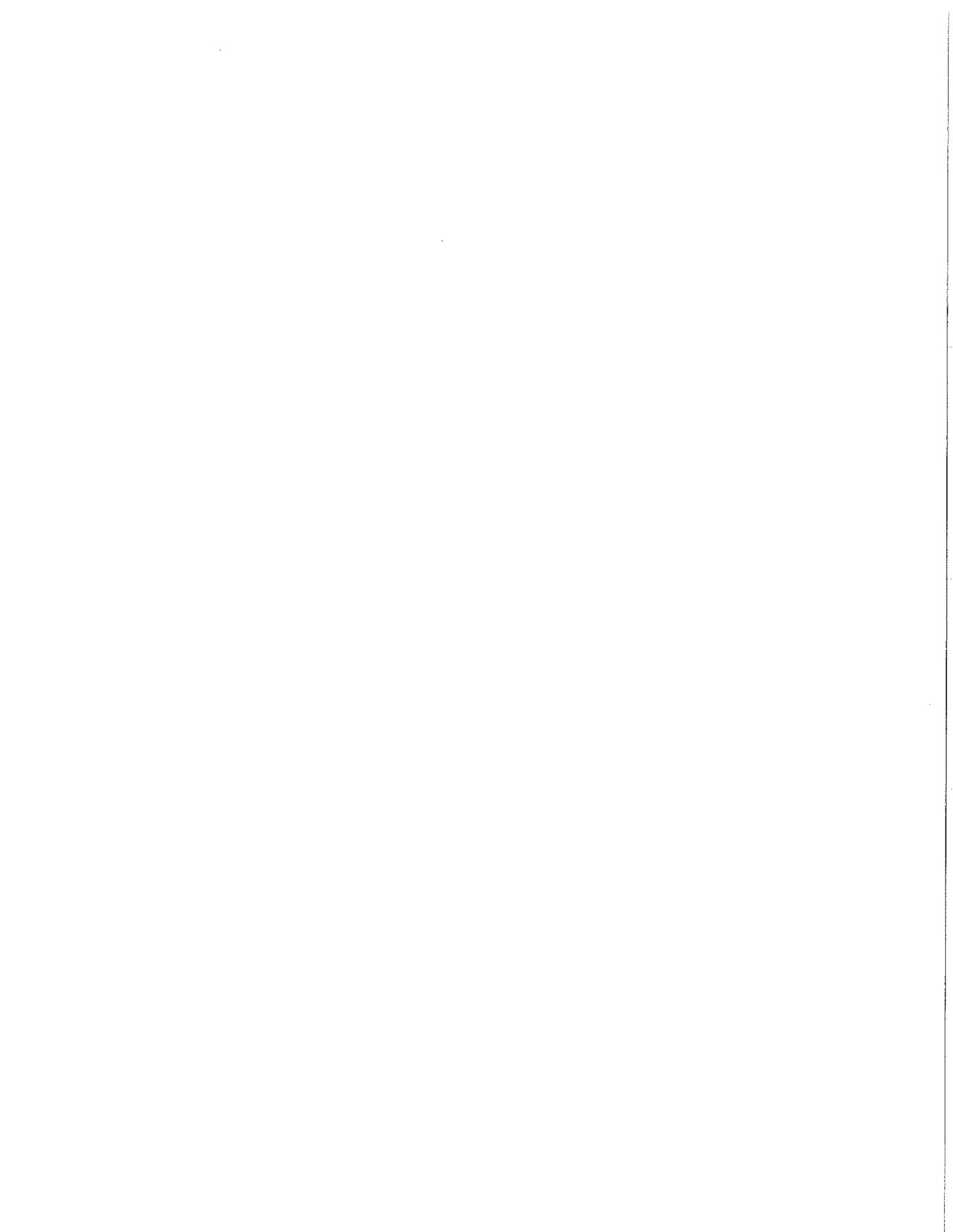


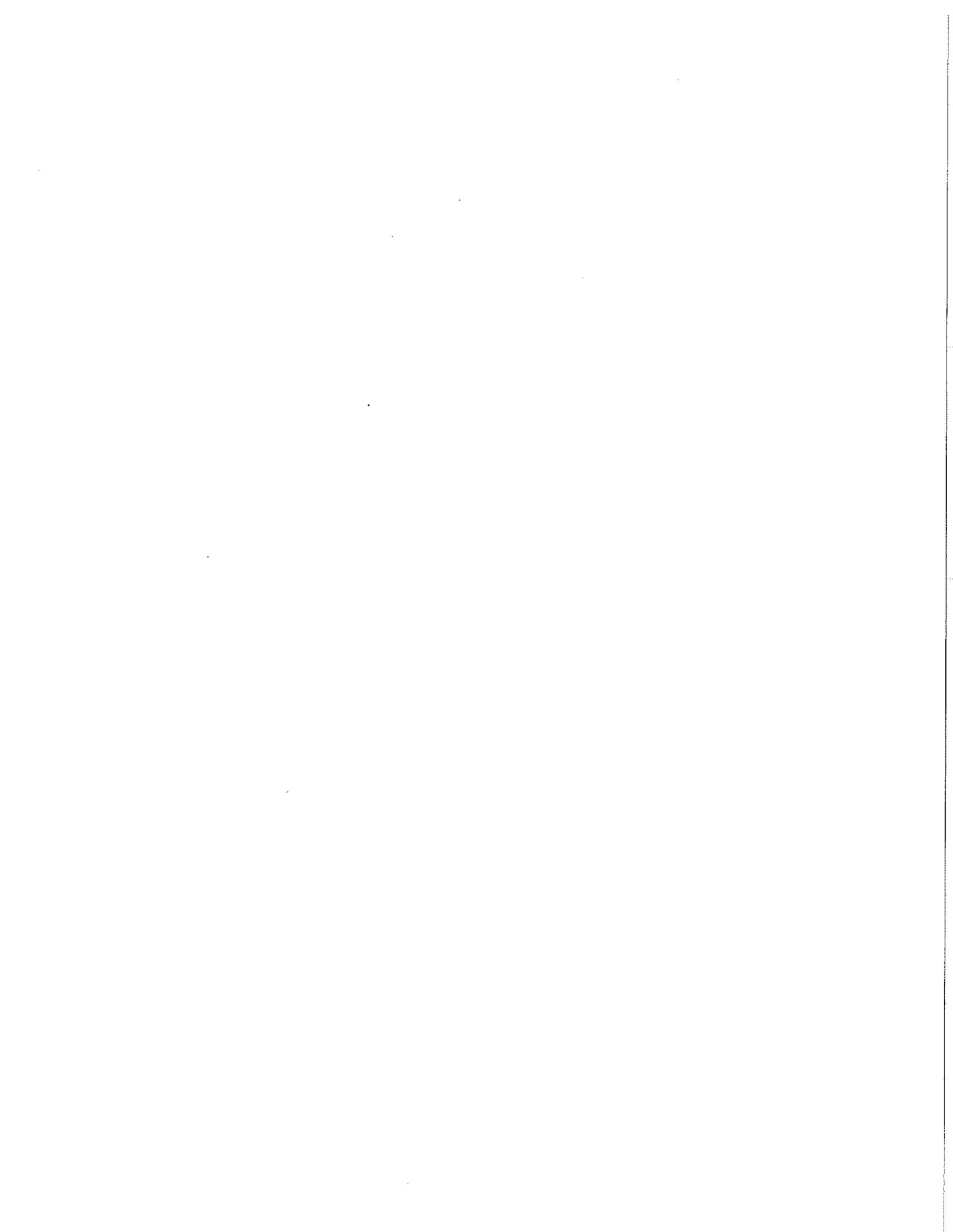


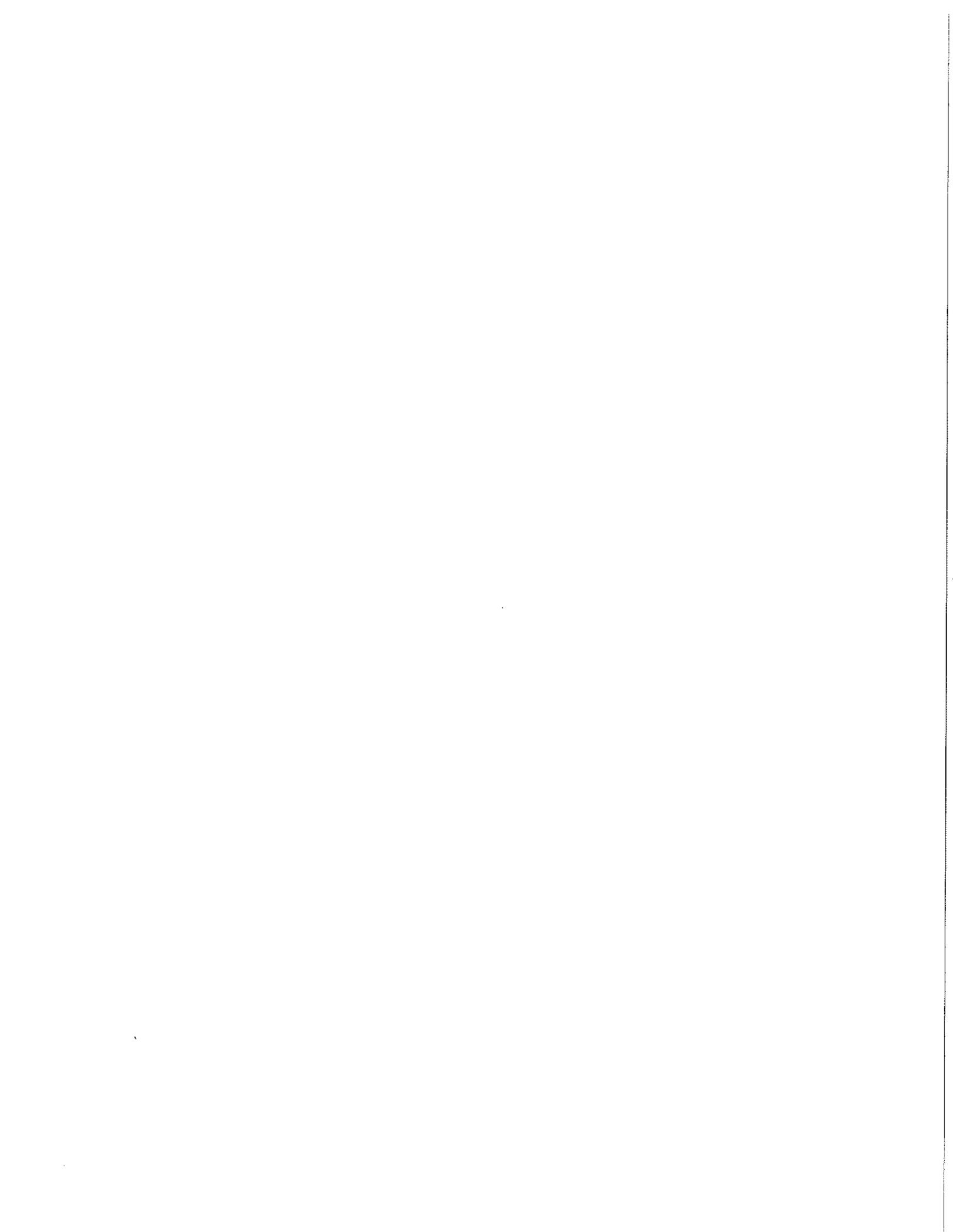


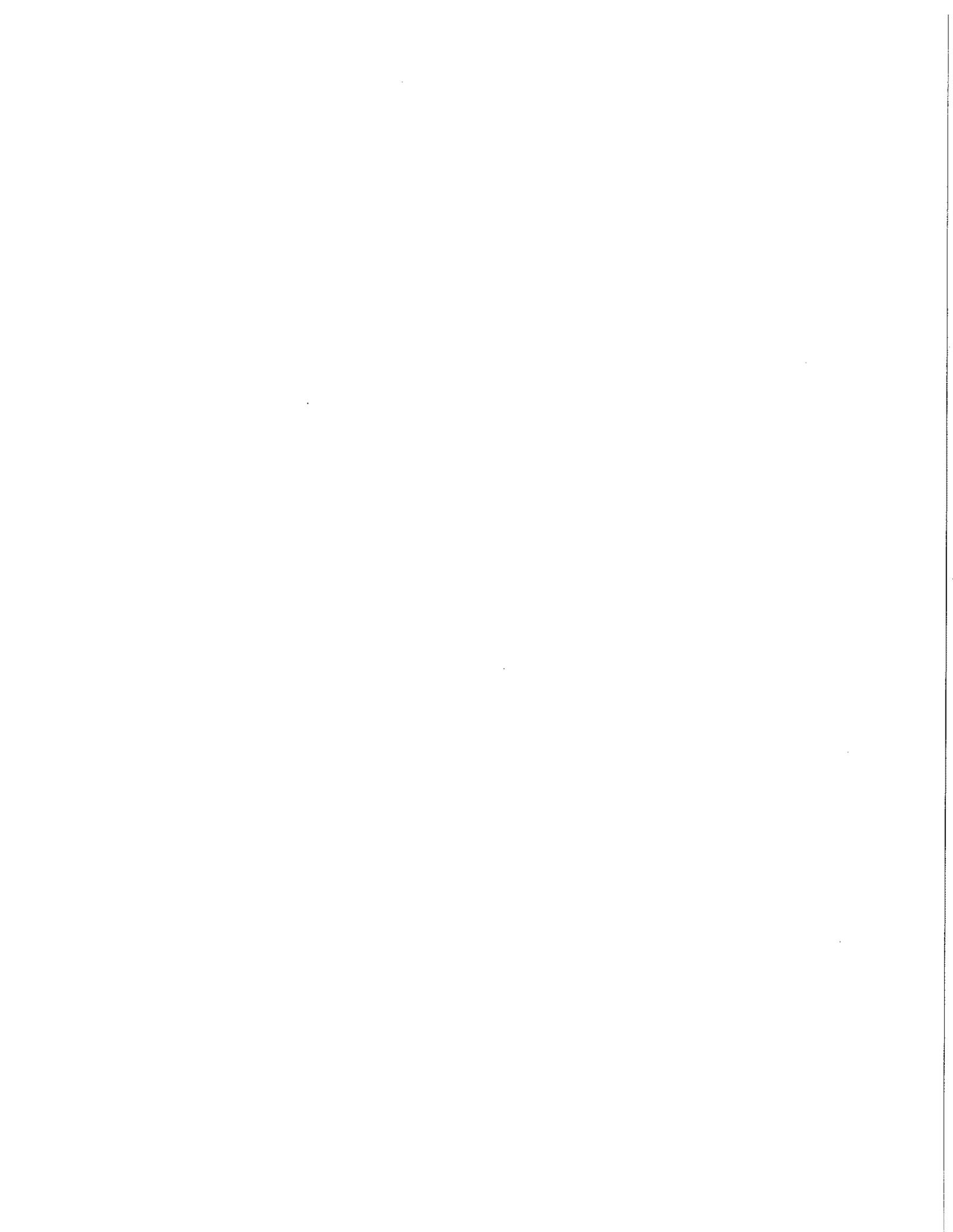


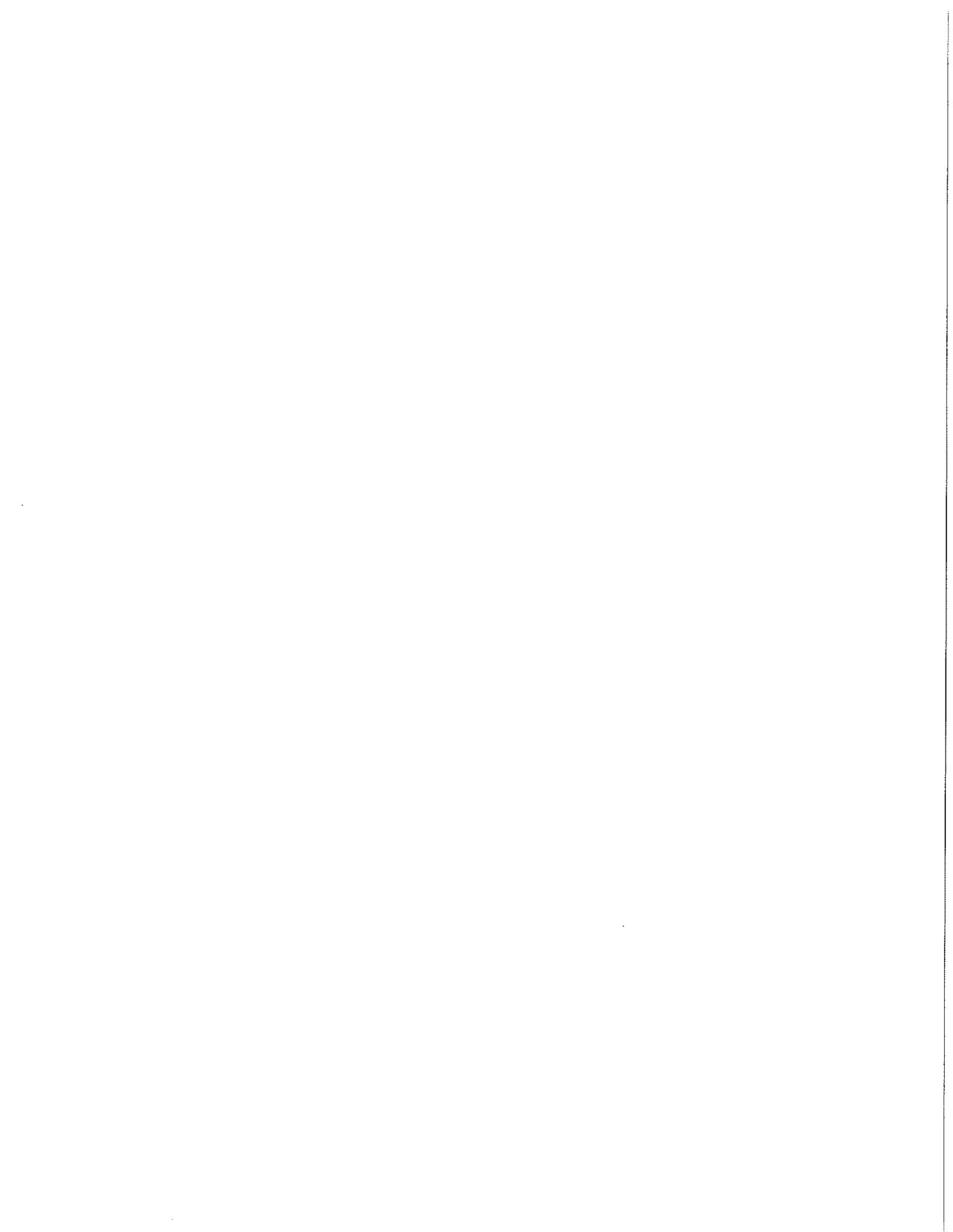


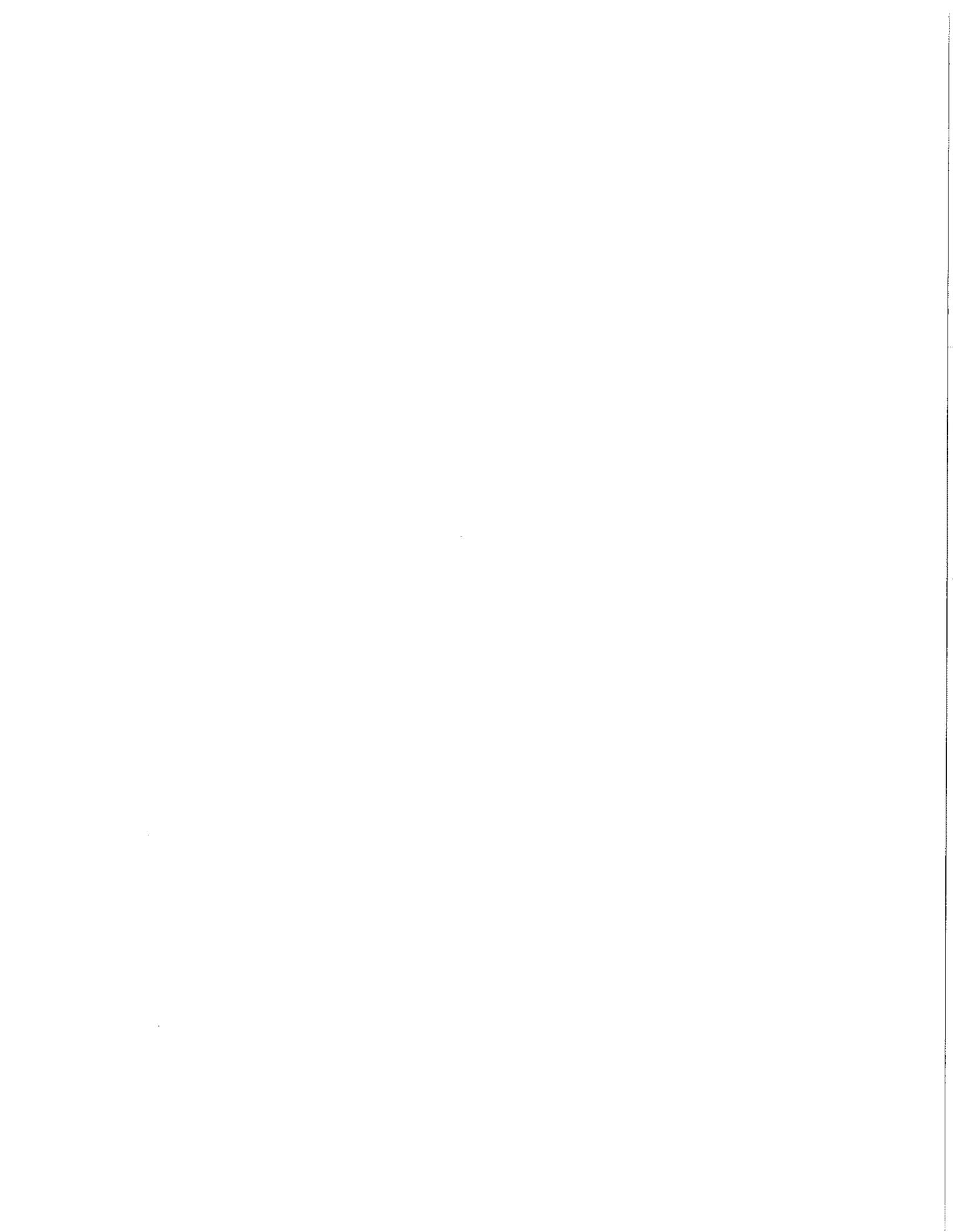


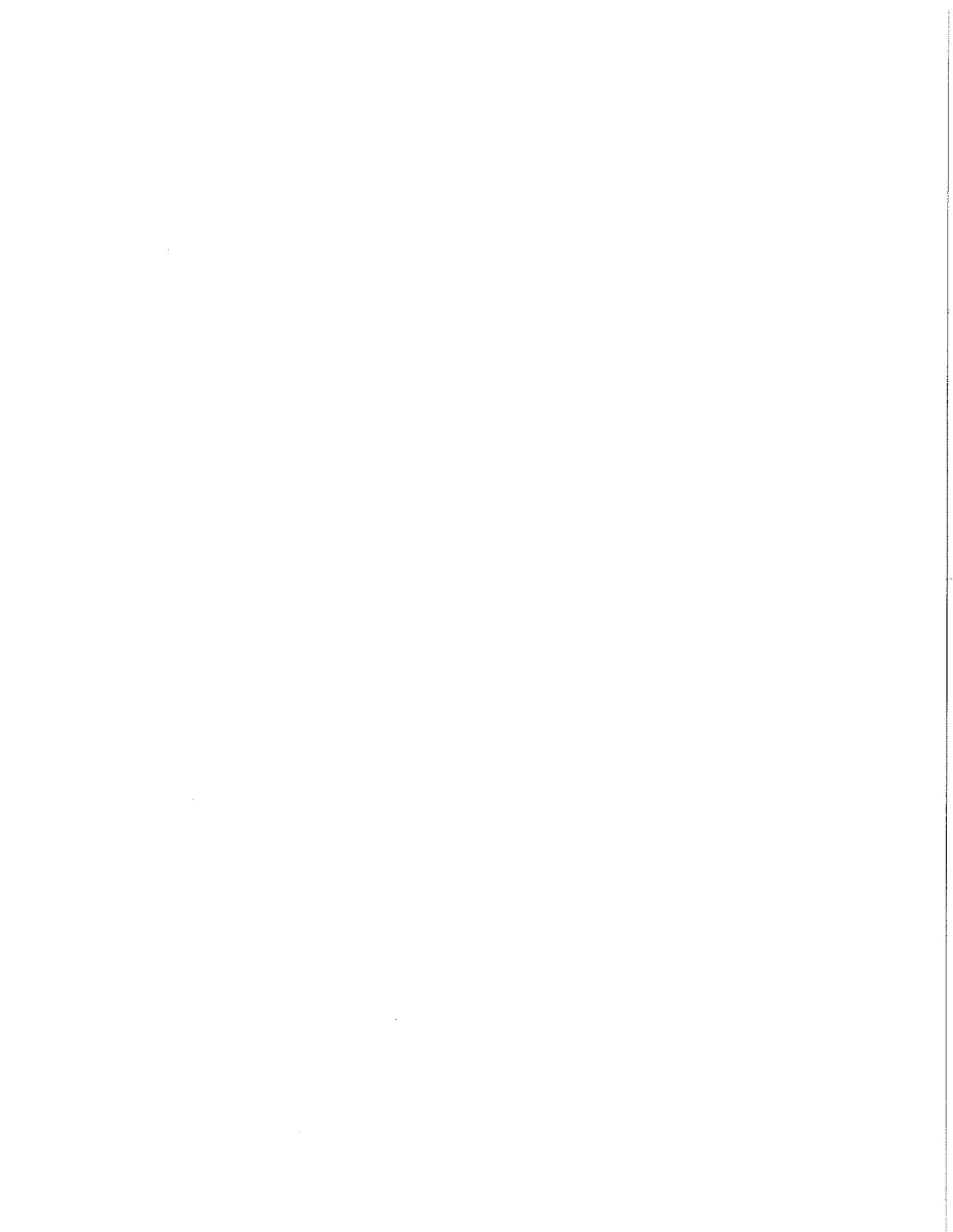






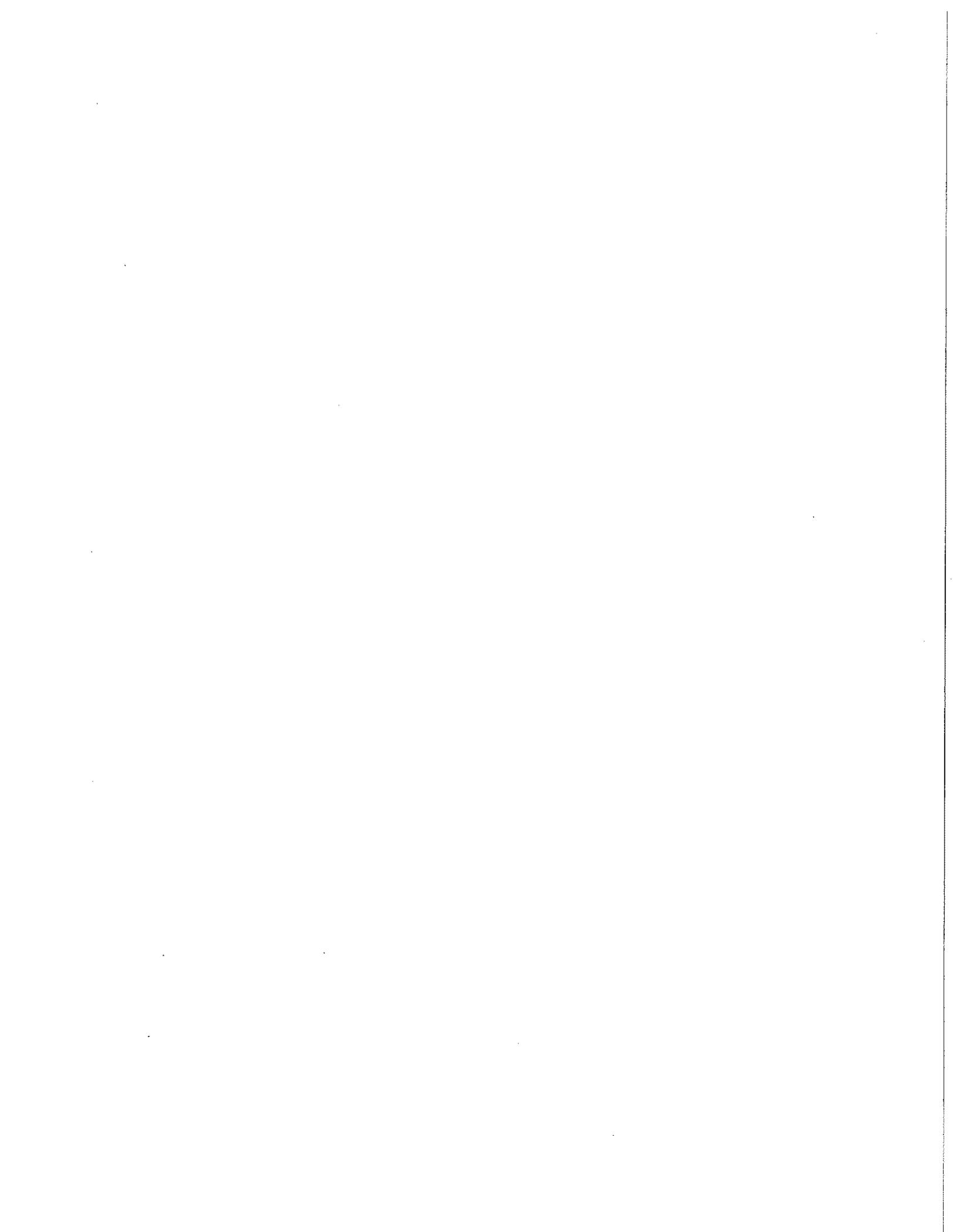




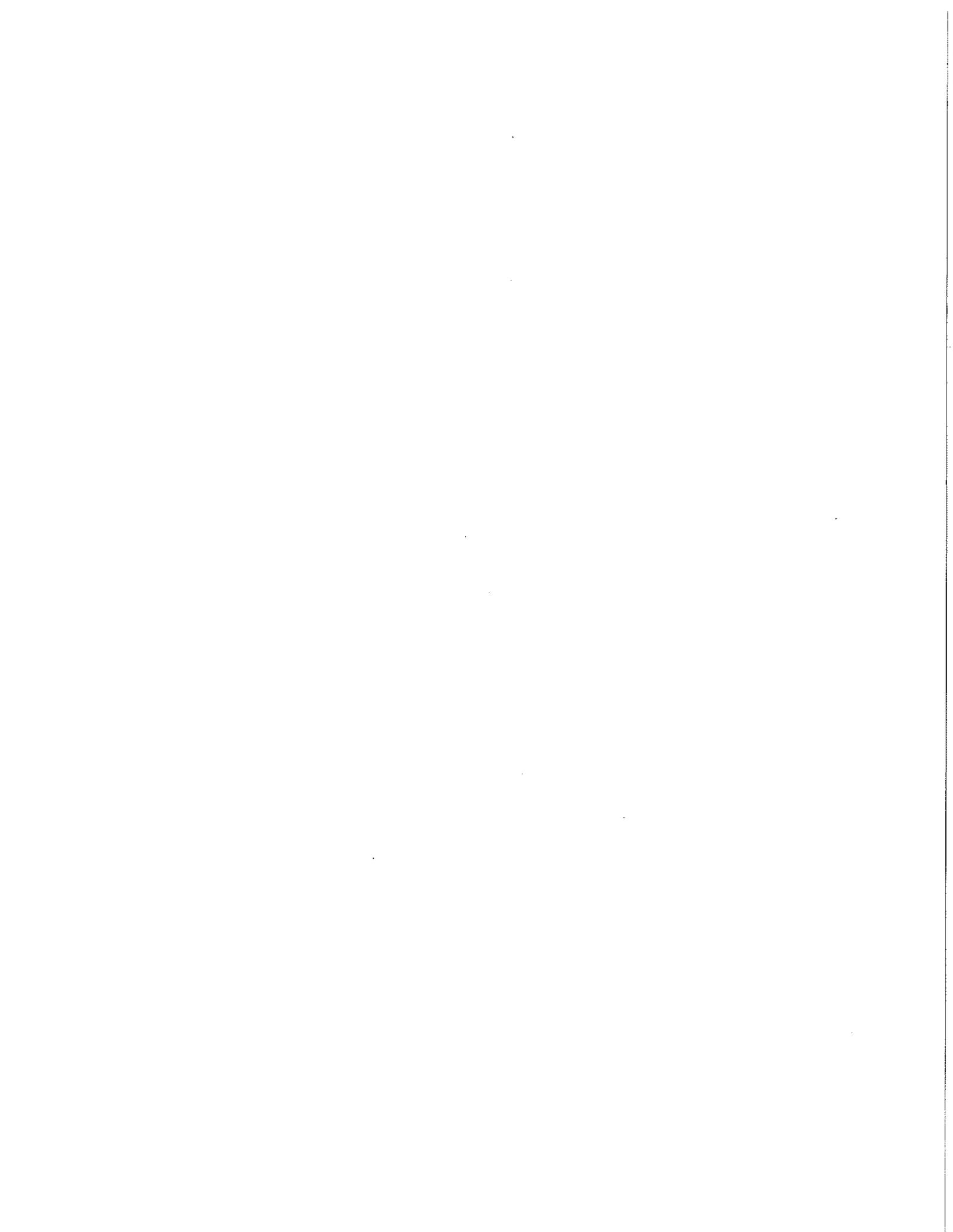








VI.



A	B	C	D	E	F
Applicant Name: PrimaryHealth of Josephine County, LLC					
Options Participating Provider Table					
Last Name of Physician or Mid-Level Practitioner (Line 2)	First Name of Physician or Mid-Level Practitioner (Line 3)	Business/Practice Address (Line 4)	Business/ Practice City (Line 5)	Business/ Practice Zip Code (Line 6)	Business County (Line 7)
4					
5	Behavioral Health				
6	Anderson	Rebecca	Kairos(SOASTC) 711 SW Ramsey Ave	Grants Pass	97527 Josephine
7	Bailey	Lisa	c/o Options for Southern Oregon, Inc. 1215 SW G St	Grants Pass	97526 Josephine
8	Balfour	Victoria	Options for Southern Oregon, Inc. 1215 SW G St	Grants Pass	97526 Josephine
9	Baltimore	Rivkah	Options for Southern Oregon, Inc. 1215 SW G St	Grants Pass	97526 Josephine
10	Barnicle	Colin	Options for Southern Oregon, Inc. 1215 SW G St	Grants Pass	97526 Josephine
11	Bausserman	Susan	Options for Southern Oregon, Inc. 1215 SW G St	Grants Pass	97526 Josephine
12	Bender	Paige	Family Solutions (Family Friends) 322 NW F St	Grants Pass	97526 Josephine
13	Bonella	Shane	Options for Southern Oregon, Inc. 1215 SW G St	Grants Pass	97526 Josephine
14	Bradshaw	Mark	Options for Southern Oregon, Inc. 1215 SW G St	Grants Pass	97526 Josephine
15	Brown	Chad	Kairos(SOASTC) 711 SW Ramsey Ave	Grants Pass	97527 Josephine
16	Caraway	Sharon	Options for Southern Oregon, Inc. 1215 SW G St	Grants Pass	97526 Josephine
17	Cook	Jill	c/o Options for Southern Oregon, Inc. 1215 SW G St	Grants Pass	97526 Josephine
18	Deputy	Glyn Travis	Options for Southern Oregon, Inc. 1215 SW G St	Grants Pass	97526 Josephine
19	Diamond	Cheryl	Family Solutions (Family Friends) 322 NW F St	Grants Pass	97526 Josephine
20	Dickison	Lance	Options for Southern Oregon, Inc. 1215 SW G St	Grants Pass	97526 Josephine
21	Dirk	Daniel	Options for Southern Oregon, Inc. 1215 SW G St	Grants Pass	97526 Josephine
22	Eaton	Patricia	Kairos(SOASTC) 711 SW Ramsey Ave	Grants Pass	97527 Josephine
23	Eberly	Sara	Options for Southern Oregon, Inc. 1215 SW G St	Grants Pass	97526 Josephine
24	Ferguson-Wilcox	Patricia	c/o Options for Southern Oregon, Inc. 1215 SW G St	Grants Pass	97526 Josephine
25	Gorton	Carol	Options for Southern Oregon, Inc. 1215 SW G St	Grants Pass	97526 Josephine
26	Guines	Elena	Options for Southern Oregon, Inc. 1215 SW G St	Grants Pass	97526 Josephine
27	Harris	Connie	Options for Southern Oregon, Inc. 1215 SW G St	Grants Pass	97526 Josephine
28	Hilger	Karin	Family Solutions (Family Friends) 322 NW F St	Grants Pass	97526 Josephine
29	Johnstun	Mark	Options for Southern Oregon, Inc. 1215 SW G St	Grants Pass	97526 Josephine
30	Jones	Barbara	Family Solutions (Family Friends) 322 NW F St	Grants Pass	97526 Josephine
31	Juniper	Naomi	Options for Southern Oregon, Inc. 1215 SW G St	Grants Pass	97526 Josephine
32	Kabot-Sturos	Melanie	Kairos(SOASTC) 711 SW Ramsey Ave	Grants Pass	97527 Josephine
33	Klein	Judith	Options for Southern Oregon, Inc. 1215 SW G St	Grants Pass	97526 Josephine
34	Ledford	Alan	Kairos(SOASTC) 711 SW Ramsey Ave	Grants Pass	97527 Josephine
35	Lieberman	Robert	Kairos(SOASTC) 711 SW Ramsey Ave	Grants Pass	97527 Josephine
36	Mahoney	Maureen	Options for Southern Oregon, Inc. 1215 SW G St	Grants Pass	97526 Josephine
37	Margulis	Jason	Options for Southern Oregon, Inc. 1215 SW G St	Grants Pass	97526 Josephine
38	Martin	Lisa	Kairos(SOASTC) 711 SW Ramsey Ave	Grants Pass	97527 Josephine

	A	B	G	H	I	J	K	L	M
1	Applicant Name: PrimaryHealth of Josephine C								
2	Options Participating Provider Table								
3									
	Last Name of Physician or Mid-Level Practitioner (Line 2)	First Name of Physician or Mid-Level Practitioner (Line 3)	Provider Type (Line 8)	Specialty or Licensure (Line 9)	Provider's DMAP Number (Line 10)	NPI # (Line 11)	Primary Care Provider? Y or N (Line 12)	Primary Care Provider (PCP) Identifier - PCPCH	Number of Members Assigned (Line 13)
4	Behavioral Health								
5	Anderson	Rebecca	Marriage & Family Therapist	LMFT	pending	1467692061	N		
6	Bailey	Lisa	MD	Psychiatrist	pending	1912927153	N		
7	Balfour	Victoria	Nurse - Associate Degree	RN	pending	1467731521	N		
8	Balfour	Rivkah	Marriage & Family Therapist	LMFT	pending	1073735379	N		
9	Barnore	Colln	Social Worker	LCSSW	pending	1427257898	N		
10	Barnicle	Susan	Nurse Practitioner PMHNP	RN, PMHNP	pending	1700998242	N		
11	Bausseman	Paige	Professional Counselor	LPC	pending	1952426728	N		
12	Bender	Shane	Professional Counselor	LPC	pending	1255640835	N		
13	Bonella	Mark	MD	Psychiatrist	pending	1508903436	N		
14	Bradshaw	Chad	MD	Psychiatrist	pending	1881728945	N		
15	Brown	Sharon	Nurse - BSN	RN	pending	1164719118	N		
16	Caraway	Jill	Marriage & Family Therapist	LMFT	pending	1215248505	N		
17	Cook	Glyn Travis	Professional Counselor	LPC	pending	1164541991	N		
18	Deputy	Cheryl	MD	Psychiatrist	pending	1598861718	N		
19	Diamond	Lance	Professional Counselor	LPC	pending	1952506370	N		
20	Dickison	Daniel	Marriage & Family Therapist	LMFT	pending	1497089718	N		
21	Dirk	Patricia	RN	LCSSW	pending	1548538465	N		
22	Eaton	Sara	Social Worker	LCSSW	pending	1700172863	N		
23	Eberly	Patricia	MD	Psychiatrist	pending	1346354016	N		
24	Ferguson-Wilcox	Carol	Nurse - BSN	RN	pending	1801183835	N		
25	Gorton	Elena	Nurse - BSN	RN	pending	1386924074	N		
26	Guines	Connie	Psychologist	Psychologist	pending	1033499728	N		
27	Harris	Karin	Professional Counselor	LPC	pending	1174648893	N		
28	Hilger	Mark	Professional Counselor	LPC	pending	1932496536	N		
29	Johnstun	Barbara	Marriage & Family Therapist	LMFT	pending	1043235385	N		
30	Jones	Naomi	Social Worker	LCSSW	pending	1417244005	N		
31	Juniper	Melanie	RN, PMHNP	RN, PMHNP	pending	1346531860	N		
32	Kabot-Sturos	Judith	Nurse - BSN	RN	pending	1962798074	N		
33	Klein	Alan	Psychologist	Psychologist	pending	1396942025	N		
34	Ledford	Robert	Professional Counselor	LPC	pending	not found	N		
35	Lieberman	Maureen	Professional Counselor	LPC	pending	1023306529	N		
36	Mahoney	Jason	Professional Counselor	LPC	pending	1497034557	N		
37	Margulis	Lisa	RN	RN	pending	1043596398	N		
38	Martin								

	A	B	N	O	P	Q	R	S
1	Applicant Name: PrimaryHealth of Josephine C							
2	Options Participating Provider Table							
3								
	Last Name of Physician or Mid-Level Practitioner (Line 2)	First Name of Physician or Mid-Level Practitioner (Line 3)	Number of Additional Members Assigned (Line 14)	Credential Verification (Line 15)	Sanction History (Line 16)	Contract Start Date (Line 17)	Contract End Date (Line 18)	Service Area Provider Contracted For (Line 19)
4	Behavioral Health							
5	Anderson	Rebecca		12/12/2011	None			
6	Bailey	Lisa		5/26/2010	None			
7	Balfour	Victoria		7/1/2008	None			
8	Barnore	Rivkah		10/11/2011	None			
9	Barnicle	Collin		5/24/2011	None			
10	Bausserman	Susan		1/9/2012	None			
11	Bender	Paige		12/27/2011	None			
12	Bonella	Shane		1/9/2012	None			
13	Bradshaw	Mark		6/28/2011	None			
14	Brown	Chad		12/12/2011	None			
15	Caraway	Sharon		7/1/2006	None			
16	Cook	Jill		2/2/2010	None			
17	Deputy	Glyn Travis		8/16/2011	None			
18	Diamond	Cheryl		12/27/2011	None			
19	Dickison	Lance		4/4/2012	None			
20	Dirk	Daniel		10/4/2011	None			
21	Eaton	Patricia		12/12/2011	None			
22	Eberly	Sara		12/14/2010	None			
23	Feguson-Wilcox	Patricia		7/1/2006	None			
24	Gorton	Carol		9/14/2006	None			
25	Guines	Elena		7/1/2006	None			
26	Harris	Connie		10/7/2010	None			
27	Hilger	Karin		12/27/2011	None			
28	Johnstun	Mark		5/21/2008	None			
29	Jones	Barbara		12/27/2011	None			
30	Juniper	Naomi		5/10/2011	None			
31	Kabot-Sturos	Melanie		12/12/2011	None			
32	Klein	Judith		5/22/2006	None			
33	Leaford	Alan		12/12/2011	None			
34	Lieberman	Robert		12/12/2011	None			
35	Mahoney	Maureen		3/29/2006	None			
36	Margulis	Jason		7/1/2006	None			
37	Martin	Lisa		12/12/2011	None			
38								

03+000Options Participating Provider Table

03+000PrimaryHealth of Josephine County

A	B	C	D	E	F
Last Name of Physician or Mid-Level Practitioner (Line 2)	First Name of Physician or Mid-Level Practitioner (Line 3)	Business/Practice Address (Line 4)	Business/ Practice City (Line 5)	Business/ Practice Zip Code (Line 6)	Business County (Line 7)
Behavioral Health					
4					
39	McCarver Andrea	Options for Southern Oregon, Inc. 1215 SW G St	Grants Pass	97526	Josephine
40	Meagher Raymond	c/o Options for Southern Oregon, Inc. 1215 SW G St	Grants Pass	97526	Josephine
41	Mitchell Charles	Options for Southern Oregon, Inc. 1215 SW G St	Grants Pass	97526	Josephine
42	Mooney Jannah (Jamie)	Family Solutions (Family Friends) 322 NW F St	Grants Pass	97526	Josephine
43	Morgan L. Cheryl	Options for Southern Oregon, Inc. 1215 SW G St	Grants Pass	97526	Josephine
44	Morse Robert (Bob)	Options for Southern Oregon, Inc. 1215 SW G St	Grants Pass	97526	Josephine
45	Nave Kirby	Kairos(SOASTC) 711 SW Ramsey Ave	Grants Pass	97527	Josephine
46	Radcliffe Michael	Options for Southern Oregon, Inc. 1215 SW G St	Grants Pass	97526	Josephine
47	Reed Craig	Kairos(SOASTC) 711 SW Ramsey Ave	Grants Pass	97527	Josephine
48	Reed Brenda	Kairos(SOASTC) 711 SW Ramsey Ave	Grants Pass	97527	Josephine
49	Rensenbrink Nicole	Family Solutions (Family Friends) 322 NW F St	Grants Pass	97526	Josephine
50	Rivera Pamela	Options for Southern Oregon, Inc. 1215 SW G St	Grants Pass	97526	Josephine
51	Rose Maria	Options for Southern Oregon, Inc. 1215 SW G St	Grants Pass	97526	Josephine
52	Ross Nancy	Options for Southern Oregon, Inc. 1215 SW G St	Grants Pass	97526	Josephine
53	Sanford Shelby	Options for Southern Oregon, Inc. 1215 SW G St	Grants Pass	97526	Josephine
54	Schrader Alan	Options for Southern Oregon, Inc. 1215 SW G St	Grants Pass	97526	Josephine
55	Schwehr Jane	Options for Southern Oregon, Inc. 1215 SW G St	Grants Pass	97526	Josephine
56	Sexton Harold (Hal)	Kairos(SOASTC) 711 SW Ramsey Ave	Grants Pass	97527	Josephine
57	Sexton Harold (Hal)	c/o Options for Southern Oregon, Inc. 1215 SW G St	Grants Pass	97526	Josephine
58	Sloan Amanda	Options for Southern Oregon, Inc. 1215 SW G St	Grants Pass	97526	Josephine
59	Smith Judy	Options for Southern Oregon, Inc. 1215 SW G St	Grants Pass	97526	Josephine
60	Smith Phyllis	Options for Southern Oregon, Inc. 1215 SW G St	Grants Pass	97526	Josephine
61	Snodgrass Jerry	Options for Southern Oregon, Inc. 1215 SW G St	Grants Pass	97526	Josephine
62	Stuart Christopher	Options for Southern Oregon, Inc. 1215 SW G St	Grants Pass	97526	Josephine
63	Sturos Curtis	Kairos(SOASTC) 711 SW Ramsey Ave	Grants Pass	97527	Josephine
64	Trapold John	Kairos(SOASTC) 711 SW Ramsey Ave	Grants Pass	97527	Josephine
65	Tucker Steven	c/o Options for Southern Oregon, Inc. 1215 SW G St	Grants Pass	97526	Josephine
66	Uhlig Shelly	Options for Southern Oregon, Inc. 1215 SW G St	Grants Pass	97526	Josephine
67	von Stein James	Kairos(SOASTC) 711 SW Ramsey Ave	Grants Pass	97527	Josephine
68	Willi Scott	Options for Southern Oregon, Inc. 1215 SW G St	Grants Pass	97526	Josephine
69	Zern Catherine	Family Solutions (Family Friends) 322 NW F St	Grants Pass	97526	Josephine
70	Zoppo Jeanne	Options for Southern Oregon, Inc. 1215 SW G St	Grants Pass	97526	Josephine
71	Zwerner Margulis Kimberly	Options for Southern Oregon, Inc. 1215 SW G St	Grants Pass	97526	Josephine
72	Options for Southern Oregon, Inc.	Options for Southern Oregon, Inc. 1215 SW G St (Facility)	Grants Pass	97527	Josephine

	A	B	G	H	I	J	K	L	M
	Last Name of Physician or Mid-Level Practitioner (Line 2)	First Name of Physician or Mid-Level Practitioner (Line 3)	Provider Type (Line 8)	Specialty or Licensure (Line 9)	Provider's DMAP Number (Line 10)	NPI # (Line 11)	Primary Care Provider? Y or N (Line 12)	Primary Care Provider (PCP) Identifier - PCPCH	Number of Members Assigned (Line 13)
4									
5	Behavioral Health								
39	McCarver	Andrea	Social Worker	LCSW	pending	1992071187	N		
40	Meagher	Raymond	Social Worker	LCSW	pending	1578730206	N		
41	Mitchell	Charles	Professional Counselor	LPC	pending	1568759157	N		
42	Mooney	Jamilah (Jamie)	Professional Counselor	LPC	pending	1720350606	N		
43	Morgan	L. Cheryl	Professional Counselor	LPC	pending	1790065407	N		
44	Morse	Robert (Bob)	Social Worker	LCSW	pending	1164534541	N		
45	Nave	Kirby	Professional Counselor	LPC	pending	1679765689	N		
46	Radcliffe	Michael	Social Worker	LCSW	pending	1679685036	N		
47	Reed	Craig	MD	Psychiatrist	pending	1497778500	N		
48	Reed	Brenda	Professional Counselor	LPC	pending	1740234889	N		
49	Rensenbrink	Nicole	Social Worker	LCSW	pending	1255488839	N		
50	Rivera	Pamela	Nurse Practitioner PMHNP	RN, PMHNP	pending	1558442061	N		
51	Rose	Maria	Nurse - BSN	RN	pending	1104109511	N		
52	Ross	Nancy	Social Worker	LCSW	pending	1437431632	N		
53	Sanford	Shelby	Nurse Practitioner CNS	RN, CNS	pending	1730233529	N		
54	Schrader	Alan	Social Worker	LCSW	pending	1093877409	N		
55	Schwehr	Jane	Nurse - Associate Degree	RN	pending	1336385293	N		
56	Sexton	Harold (Hal)	MD	Psychiatrist	pending	1467533992	N		
57	Sexton	Harold (Hal)	MD	Psychiatrist	pending	1467533992	N		
58	Sloan	Amanda	Social Worker	LCSW	pending	1861771073	N		
59	Smith	Judy	Psychologist	Psychologist	pending	1457634495	N		
60	Smith	Phyllis	Nurse - BSN	RN	pending	1336435452	N		
61	Snodgrass	Jerry	Professional Counselor	LPC	pending	1992081442	N		
62	Stuart	Kristopher	Marriage & Family Therapist	LMFT	pending	1992888176	N		
63	Sturos	Curtis	MD	Psychiatrist	pending	1104968197	N		
64	Trapold	John	Professional Counselor	LPC	pending	1902106461	N		
65	Tucker	Steven	Social Worker	LCSW	pending	1497058663	N		
66	Uhrig	Shelly	Nurse - Associate Degree	RN	pending	163W00000X	N		
67	von Stein	James	Social Worker	LCSW	pending	1700195864	N		
68	Willi	Scott	Social Worker	LCSW	pending	1124130679	N		
69	Zern	Catherine	Social Worker	LCSW	pending	1982761656	N		
70	Zoppo	Jeanne	Nurse - BSN	RN	pending	1679861447	N		
71	Zwerner Margulis	Kimberly	Professional Counselor	LPC	pending	1770756058	N		
72	Options for Southern Oregon, Inc.	(Facility)	Community Mental Health Plan	Facility	209973	1558366492	?		

03+000Options Participating Provider Table

03+000PrimaryHealth of Josephine County

	A	B	N	O	P	Q	R	S
	Last Name of Physician or Mid-Level Practitioner (Line 2)	First Name of Physician or Mid-Level Practitioner (Line 3)	Number of Additional Members Assigned (Line 14)	Credential Verification (Line 15)	Sanction History (Line 16)	Contract Start Date (Line 17)	Contract End Date (Line 18)	Service Area Provider Contracted For (Line 19)
4								
5	Behavioral Health							
39	McCarver	Andrea		4/3/2012	None			
40	Meagher	Raymond		11/9/2011	None			
41	Mitchell	Charles		2/10/2009	None			
42	Mooney	Jamillah (Jamie)		12/27/2011	None			
43	Morgan	L. Cheryl		1/4/2011	None			
44	Morse	Robert (Bob)		7/1/2006	None			
45	Nave	Kirby		12/12/2011	None			
46	Raddcliffe	Michael		7/1/2006	None			
47	Reed	Craig		12/12/2011	None			
48	Reed	Brenda		12/12/2011	None			
49	Rensenbrink	Nicole		12/27/2011	None			
50	Rivera	Pamela		3/17/2008	None			
51	Rose	Maria		7/1/2010	None			
52	Ross	Nancy		8/10/2011	None			
53	Sanford	Shelby		10/6/2008	None			
54	Schrader	Alan		5/13/2011	None			
55	Schwehr	Jane		7/1/2006	None			
56	Sexton	Harold (Hal)		12/12/2011	None			
57	Sexton	Harold (Hal)		4/5/2012	None			
58	Sloan	Amarda		4/1/2009	None			
59	Smith	Judy		3/19/2012	None			
60	Smith	Phyllis		12/21/2005	None			
61	Snodgrass	Jerry		4/16/2009	None			
62	Stuart	Kristopher		8/1/2010	None			
63	Sturos	Curtis		12/12/2011	None			
64	Trapold	John		12/12/2011	None			
65	Tucker	Steven		10/24/2011	None			
66	Uhlig	Shelly		7/1/2006	None			
67	von Stein	James		12/12/2011	None			
68	Wifili	Scott		7/1/2006	None			
69	Zern	Catherine		12/27/2011	None			
70	Zoppo	Jeanne		7/1/2006	None			
71	Zwerner Margulis	Kimberly		4/7/2011	None			
72	Options for Southern Oregon, Inc.	(Facility)		4/9/2012	None			

PrimaryHealth of Josephine County, LLC
Appendix C – Accountability Questionnaire

Section 1 – Accountability Standards

C.1.1. Background Information

C.1.1.a During the first year of operation, PrimaryHealth will rely on current quality measurement and reporting systems available through its Affiliate, CareOregon. CareOregon’s ability to collect and report on the quality measures surrounding accountability is robust and has the internal structure for integrating data from a variety of sources. CareOregon has produced a full spectrum of HEDIS measures for several years, many of which crosswalk to the quality measures found in RFA Table C-1. Understanding the Member experience has been a focus for CareOregon (Triple Aim) and is deeply embedded in its QI Program. An annual CAHPS survey is conducted for both Medicaid and Medicare as one way to gain insight into the Member experience. Historically, CareOregon has also conducted Clinic-Based CAHPS surveys in order to produce results that are more actionable for both providers and CareOregon.

PrimaryHealth, through its CAP, will build on the current measurement and reporting systems to ensure it has the capacity to meet the reporting requirements, eventually including dental health. PrimaryHealth will also explore strategies to assimilate data from its partners’ electronic health records which provides additional information about a patient’s health status and the services rendered.

C.1.1.b CareOregon has produced a full spectrum of HEDIS measures for several years. The following represent the minimum set of measures that PrimaryHealth will collect using the HEDIS Methodology. HEDIS measures provide organizations with the ability to benchmark with a wider context and are directly linked to CareOregon’s NCQA Accreditation. The list below represents the “effectiveness of care” measures.

- Annual Monitoring for Patients on Persistent Medications (Total Rate)
- Antidepressant Medication Management (Both Rates)
- Appropriate Testing for Children With Pharyngitis
- Appropriate Treatment for Children With Upper Respiratory Infection
- Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis
- Breast Cancer Screening
- Cervical Cancer Screening
- Childhood Immunization Status (Combination 2)
- Chlamydia Screening in Women (Total rate)
- Cholesterol Management for Patients With Cardiovascular Conditions (LDL-C Screening Only)
- Colorectal Cancer Screening
- Comprehensive Diabetes Care (Eye Exam, LDL-C Screening, HbA1c Testing, Medical Attention for Nephropathy)
- Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)
- Controlling High Blood Pressure
- Flu Shots for Adults (Ages 50–64)
- Flu Shots for Older Adults
- Follow-Up After Hospitalization for Mental Illness (7-Day Rate Only)
- Follow-Up for Children Prescribed ADHD Medication (Both Rates)

- Glaucoma Screening in Older Adults
- Medical Assistance With Smoking and Tobacco Use Cessation (Advising Smokers and Tobacco Users to Quit Only)
- Osteoporosis Management in Women Who Had a Fracture
- Persistence of Beta-Blocker Treatment After a Heart Attack
- Pneumonia Vaccination Status for Older Adults
- Prenatal and Postpartum Care (Both Rates)
- Use of Appropriate Medications for People With Asthma (Total Rate)
- Use of High-Risk Medications in the Elderly (Both Rates)
- Use of Imaging Studies for Low Back Pain
- Use of Spirometry Testing in the Assessment and Diagnosis of COPD

In addition, PrimaryHealth will develop and implement procedures for tracking and reporting additional CCO measures, such as care plans for Members with Medicaid-funded long-term care benefits, CAHPS and other Member surveys, and such quality metrics as may be required by OHA or recommended by PrimaryHealth's CAC and or CAP.

- C.1.1.c PrimaryHealth's performance expectation for HEDIS measures will be to attain the 75th percentile nationally. This is based on the NCQA Quality Compass benchmarks which are produced annually.

Ongoing dialogue with providers concerning HEDIS results will be accomplished through a team approach of PrimaryHealth staff members sharing results, identifying best practices and supporting clinics in their improvements efforts. Having the ability to analyze data in a variety of venues will give PrimaryHealth additional insight to provide quality improvement activities incorporating cultural and linguistic components.

The CAP, with input from the CAC and Board, will provide advice on internal quality standards and performance expectations. Further, the CAP will identify strategies to implement best practices, develop of metrics and monitor performance. As the monitoring and feedback system for providers further develop, clinical information will be incorporated as well as claims-based data. The PrimaryHealth managers, the Medical Director and staff will be responsible for providing feedback on an individual basis to providers or contractors, as required to meet NCQA requirements.

- C.1.1.d PrimaryHealth will share the performance outcomes with its Board, CAC and CAP, and annually in an annual quality summary document. Information will also be shared with providers and subcontractors not participating on PrimaryHealth's Board or committees. The information will be used to assess results, identify areas of focus and support community partners in their improvements efforts.

- C.1.1.e It is important that PrimaryHealth Members understand that the quality of the CCO services provided to Members is a priority. Members will be informed of the plan's performance on quality metrics via Member communications, such a mailings or the PrimaryHealth website. Members will also receive information about the goals of the health plan in response to the community needs assessment. All mailings and information will be reviewed and approved by OHA in order to meet standards for readability and cultural sensitivity. Documents will be translated for prominent sub-populations, if requested.

- C.1.1.f An alternative payment model based on improvement in key quality, access, and utilization metrics will be developed for practices that are certified at any Tier in the Patient-Centered Primary Care Home (PCPCH) program. Practices will develop an improvement plan at the beginning of a 12-month cycle to indicate measures that they are targeting for improvement that are aligned with clinic strategic goals and with State measurement priorities. To participate, practices will be required to participate in the fielding of the CAHPS Medical Home survey and to report chosen measures monthly. They will receive additional dollars based on the number of

measures they achieve improvement on. This model will evolve over time as practices are prepared to take on more risk, develop strong reporting systems, and participate in CCO governance.

- C.1.1.g PrimaryHealth, through the support of its Affiliate, CareOregon, and partners, has experience with data collection and analysis. For example, CareOregon has six full time Healthcare Analysts on staff that are skilled at collecting and analyzing healthcare data. In addition, CareOregon's QI Program is staffed by three QI Coordinators, a Health Education Coordinator, an Accreditation Coordinator and a QI Nurse Manager who have experience working with Member and healthcare data. CareOregon has had experience with producing Member survey data such as CAHPS by working with external vendors. Their experience with the HEDIS process including the Hybrid portion has given them the skill set to produce this type of data collection for future endeavors. PrimaryHealth will meet data and reporting requirements as required in the CCO contract.

Section 2 – Quality Improvement Program

C.2.1 Quality Assurance and Performance Improvement (QAPI)

Initially PrimaryHealth will contract, directly or through subcontract, with OHMS, JBH and Options to provide the QAPI services each organization provides its Members today. PrimaryHealth will contract with CareOregon QAPI staff, which have extensive continuous quality improvement skills and tools, to work with local staffs to implement a wide array of quality improvement initiatives. Through PrimaryHealth's CAP and CAC, CareOregon staff will also work with OHMS, Option's, JBH's and other local quality improvement teams to create a shared strategy that focuses on person-centered care, prevention and continuous Quality Improvement between mental, physical and, eventually dental health.

- C.2.1.a PrimaryHealth will build on the strengths of its Affiliate, CareOregon, and its partner's current QI/QA programs. CareOregon's Quality Improvement Program has been reviewed and approved by the National Committee for Quality Assurance (NCQA). All programs further the goals of the Triple Aim. (Attached are CareOregon's, JBH's and OHMS' current QI Programs.)

Recognizing the breadth of quality metrics and that one's health is defined by elements beyond the clinical care provided in our healthcare delivery system, the development of PrimaryHealth's QI/QA goals will be a shared responsibility between the CAC, CAP and Board. Each will have metrics they are responsible for tracking and reporting.

In general, quality metrics and QI tools will be used by PrimaryHealth as an assurance that the quality and outcomes goals set forth by OHA and in our Community Health Plan are being met.

Objectives of our quality improvement program will include, but not be limited to, the following:

- Monitoring overall clinical performance using standard metrics (e.g. HEDIS), understanding the barriers involved and overseeing initiatives to promote improvement;
- Monitoring and improving accessibility and availability of clinical care services;
- Ensuring that those with exceptional needs and individuals at risk for poor outcomes are provided appropriate supportive resources;
- Establishing evidence-based standards of care and clinical practice guidelines;
- Monitoring, evaluating and responding to episodes of poor quality care or plan service;
- Ensuring that Members are provided relevant information in a culturally and linguistically appropriate manner;
- Maintaining an up-to-date credentialing and recredentialing process of providers and organizations;
- Assuring high Member satisfaction with health care delivery, including plan functions, to ensure it is Member and community centered;

- Aligning efforts with community and State quality improvement initiatives;
- Providing oversight of all delegated relationships;
- Assuring the appropriate use of plan resources and adherence to OHP benefit design; and
- Promoting integration with other clinical and social service providers.

C.2.1.b PrimaryHealth's Chief Medical Officer and/or locally appointed representative will be responsible for implementation and ongoing efforts of the QI Program. The QI Program will strive to continuously improve the quality of care and service provided to PrimaryHealth Members. It will be implemented through a series of committees that address various aspects of quality of care and service.

PrimaryHealth will evaluate OHMS', CareOregon's, and JBH's current Quality Committee structures and determine how to create a program building on the strengths from each. The Quality Committee will include representation by the major facets of the Member's continuum of care such as physicians, pharmacists, chemical dependency, community mental health, ENCC or case managers, and PrimaryHealth Administrative staff. CareOregon and OHMS have already developed a shared credentialing process, whereby CareOregon performs provider credentialing functions for OHMS under a delegation agreement.

Below are the Quality Committees currently in place at CareOregon. OHMS' manages the functions described below through a single, multidisciplinary QI/UR Committee.

Quality Improvement Management Committee

- Develops and provides oversight and direction for the implementation of Quality related initiatives in the CareOregon strategic plan. Reviews and recommends approval of the annual Quality Improvement and Utilization Management evaluations and program descriptions
- Establishes and monitors plan-wide quality metrics
- Provides oversight and direction to the various QI committees by assessing committee specific information
- Makes final de-delegation decisions for specific delegated entities
- Meets and exceeds regulatory and accreditation agency standards

Credentialing Committee

- Evaluates healthcare professionals' initial credentialing applications based on established criteria
- Evaluates organization/facility initial credentialing applications based on established criteria
- Evaluates healthcare professionals' recredentialing applications based on established criteria
- Evaluates organization/facility recredentialing applications based on established criteria
- Approves credentialing and recredentialing applications with and without exceptions
- Approves organization/facility credentialing and recredentialing applications with and without exceptions
- Makes recommendations to the Network & Quality Committee of the Board of Directors regarding healthcare professionals' and facilities' participation on the CareOregon panel in the event of an adverse action for applicants
- Reviews and approves policies and procedures that directly relate to the credentialing decision-making process
- Reviews results of internal audits on a regular basis

Delegations Oversight Committee

- Reviews pre-delegation assessments for contracted entities and has the authority to make the following determinations:
 - Approve assessment
 - Request corrective plan from delegate
 - Make recommendation to QIMC regarding denial of delegation
- Reviews and approves documents related to delegation oversight

- Makes on-going delegation decisions for delegates based on review of annual reports and audits and has the authority to make the following determinations:
 - Approve assessment
 - Request corrective action plan from delegate
 - Make recommendation to QIMC regarding denial of delegation
- Establishes de-delegation and performance thresholds for delegated entities
- Identifies opportunities for improvement
- Defines and implements corrective action plans when warranted
- Ensures adequate resources are available to provide delegation oversight
- Makes policy recommendations regarding delegation oversight

Pharmacy & Therapeutics Committee

- Develops, regularly reviews and revises the CareOregon drug formulary to be consistent with evidence-based clinical practice and requirements of the Oregon Health Plan
- Develops, regularly reviews and revises the Health Plan of CareOregon drug formulary to be consistent with evidence-based clinical practice and requirements of CMS
- Assists with development and appraisal of drug utilization review (DUR) programs
- Assists with development and appraisal of the Medication Therapy Management Program
- Develops, regularly reviews and revises prior authorization, step-edit, quantity limit and other clinical edits to ensure that they are clinically appropriate
- Reviews pharmacy utilization; identifies trends and recommends and monitors improvement projects as appropriate

Peer Review Committee

- Reviews aggregate provider-specific complaints and takes action as appropriate
- Reviews provider-specific performance information (such as sentinel events and adverse outcomes)
- Reviews results of office site assessments done as a result of Member complaints and makes recommendations
- Defines and implements provider-specific corrective action plans
- Monitors progress against provider-specific corrective action plans
- Recommends de-credentialing of specific providers to the Credentialing Committee

Quality Improvement Committee

- Reviews population analysis and establishes priorities for projects involving clinical aspects of care to ensure that they address high risk/high volume areas
- Decision-making authority for CareOregon medical policies relating to benefit management
- Decision-making authority to review new technology assessments and new uses of established technologies and make recommendations regarding coverage of the technology
- Reviews utilization data including but not limited to referrals, authorizations, inpatient utilization, appeals and identifying trends
- Establishes performance standards
- Reviews and analyzes data as it pertains to quality improvement initiatives including:
 - Preventive health initiatives
 - Health education programs
 - Programs for Members with chronic conditions
 - Initiatives that focus on patient safety, health disparities, cultural competency, and health literacy
- Makes recommendations for change or interventions based on results of data
- Monitors for the effectiveness of changes
- Reviews and approves practice guidelines

Service Quality Committee

- Reviews and analyzes data from multiple sources including but not limited to:
 - Consumer Assessment Health Plan Survey (CAHPS)
 - Aggregate Member complaint reports
 - Focus groups
 - Aggregate appeals reports
 - Provider satisfaction surveys
 - Aggregate provider complaint reports
 - Member Focus Groups
 - Member Surveys
- Identifies areas for improvement and testing
- Monitors results against established targets
- Implements and monitors a systematic and ongoing process to obtain Member input
- Recommends improvements to the QIMC

If current structure above is employed in Josephine County, each PrimaryHealth Quality Committee roster will include members from the Josephine County provider community and will reflect the diversity of membership in the service area. The Quality Committees will interact with and inform the work of the PrimaryHealth Community Advisory Council and Clinical Advisory Panel, respectively.

C.2.1.c Alignment of the Quality Plan with the metrics defined to monitor quality, cost, patient experience and access is a central part of PrimaryHealth's business strategy. Meeting at least quarterly, and with input from the community needs assessment and providers, consumers, community organizations, the CAC and Board, CAP will develop a quality plan.

The plan will identify roles and include definitions of and processes for collecting data on measurable key indicators of community health, access, quality of services, and outcomes. The quality plan will be submitted to the Board for approval and updated annually. Progress toward plan goals will be reported on a quarterly basis.

C.2.1.d PrimaryHealth's CAP and CAC efforts will involve Members and community-based organizations in the development of the QI program. This joint effort will ensure further consumer and community input into the programs being developed for clinical practice. Input from the Community Needs Assessment process, consumer advisory panels, culturally diverse community-based organizations and focus groups will also be encouraged so that local improvement efforts have community support as they are implemented.

C.2.1.e PrimaryHealth is committed to ensuring that all Members have equal access to all levels of healthcare, regardless of age, race, ethnic background, religious or sexual preference. The Quality Program will include monitoring performance measures and indicators, including but not limited to, ease of access, utilization of services, referral to specialties, clinical outcomes and user satisfaction will be reported by age group, ethnic, racial and/or cultural category, and primary language of the Member. PrimaryHealth staff will analyze these data and present findings to the board of directors and the CAP and/or CAC. When inequities in healthcare utilization and/or outcomes are apparent, the CAP and/or CAC will recommend corrective actions to the Board.

C.2.1.f Providers will be monitored for compliance with contractual responsibilities regularly through the use of performance measures and the grievance system. If concerning trends are revealed through analysis of grievance reports or other utilization data, providers will be counseled and put on corrective action plans.

C.2.1.g Understanding the Member experience has been a focus for CareOregon, OHMS and JBH and will continue to be a priority in PrimaryHealth's QI program. An annual CAHPS survey will be conducted as one way to gain insight into the Member experience. PrimaryHealth will also conduct clinic-based CAHPS surveys in order to produce results that are more actionable for both providers and PrimaryHealth. Member satisfaction will be overseen by the CAC.

PrimaryHealth will define a process for managing Member grievances (complaints) which is one way to respond to customer satisfaction. As noted above, three of CareOregon's established quality committees function to respond to these issues; Peer Review, Quality Improvement and Service Quality. OHMS' ENCCs respond immediately to Member grievances and record the each grievance and the action taken on a Grievance Log. The OHMS QI/UR Committee reviews the Grievance Report quarterly and recommends follow-up actions related to the patient's experience, access to services and provision of medical care. PrimaryHealth's CAP and CAC will evaluate the structures that exist today at CareOregon, OHMS and JBH to determine the most appropriate structure for PrimaryHealth in Josephine County.

Fraud will be addressed through the Fraud Reporting System in accordance with PrimaryHealth's policy and procedures/guidelines related to Fraud and Abuse. The Program will include an active auditing and monitoring program to assure organizational leadership of compliance with all relevant laws, contractual obligations and company policies, procedures and standards of conduct.

As part of the QI Program, the CAP will be charged with identifying and maintaining PrimaryHealth's Evidence-based Clinical Guidelines. These guidelines will be disseminated to the providers for incorporation into their practices.

C.2.2 Clinical Advisory Panel

C.2.2.a PrimaryHealth intends to establish a Clinical Advisory Panel (CAP). A CAP representative will be included on PrimaryHealth's Governing Board.

C.2.2.b A CAP will be established.

C.2.3 Continuity of Care/Outcomes/Quality Measures/Costs

C.2.3.a PrimaryHealth will build on the policies, processes, practices and procedures that OHMS, Options, JBH and CareOregon have in place today. All have an impressive history of implementing innovative practices to improve Member outcomes. Much of this has been covered in greater detail in other sections of the RFA, and PrimaryHealth will build on the experience of each organization and integrate these programs during the first year of CCO implementation. Below are some examples:

- **Maternity Case Management (MCM):** OHMS employs a Maternity Case Manager, who is an experienced Registered Nurse that makes multiple home visits for each pregnant Member.
- **Durable Medical Equipment (DME) Distribution and Case Management:** OHMS provides internal distribution of selected DME, which allow us to better understand the needs of each Member and provide intensive case management. This close monitoring has helped to create improved outcomes in wound healing and compliance with therapies. For example, diabetic DME (diabetic test strips, syringes, glucose testing meters) is distributed directly from OHMS' office. Glucose readings from the diabetic meter are downloaded at each visit and the information is shared with the PCP if out of normal limits. In addition, education is provided regarding diabetes management at each visit by PrimaryHealth nursing staff. Related to Diabetic DME distribution, OHMS is currently measuring diabetic outcomes through a Performance Improvement Project. Through this project, we are measuring the effect of the program, including brief educational sessions, on overall blood glucose results and ratings of overall health. Other DME that PrimaryHealth will dispense includes incontinence supplies, catheters, and simple walkers.
- **Annual Pediatric Immunization Summit:** Starting in 2010, OHMS began hosting an annual immunization "summit" held at the OHMS-Community Health Education Center. This includes Josephine County Pediatricians and Family Practice Providers and office staff, along with state Immunization Coordinators. The summit provides an opportunity to discuss best practices and strategies to improve immunization rates. OHMS has seen an increase in immunization utilization through this intervention, and will continue this forum in the future.

- **Emergency Room Follow-up and Outreach:** OHMS makes proactive follow-up calls/outreach after ER visits to ensure that the Member is receiving adequate and timely follow up care, or to discuss possible inappropriate use of the ER.
- **Foster Parent Education:** OHMS promotes education and engagement with foster parents, including "OHP 101" for foster parents to reduce barriers to care. OHMS ENCC staff is present at foster parent meetings to provide information and resources for foster parents on navigating the healthcare system.
- **"Priority One":** Options for Southern Oregon facilitates "Priority One" case management/care planning meetings for Members who are in crisis or transitioning out of the Crisis Resolution Center. The purpose of the meeting is to create community treatment/action plans. Several organizations that make up the major components of the healthcare team are invited to be present and participate in these meetings. This includes the OHMS Exceptional Needs Care Coordinators when OHMS' Members are being discussed on the agenda.
- **Collaborative Chemical Dependency Case Management:** OHMS participates with Chemical Dependency partners to coordinate case management of Members engaged in CD treatment. OHMS/Choices maintain an active list of Members engaged in CD services.
- **Residential Program Outreach and Support:** OHMS provides outreach to mental health residential facilities and outpatient units to ensure staff within these divisions are familiar with PrimaryHealth policies and procedures to reduce barriers for care and enhance communication.
- **Chemical Dependency Screening:** SBIRT training can be made available to the providers as well as reinforcing the evidence based guidelines for depression screening.
- **Ongoing Case Management:** CareOregon has multidisciplinary teams (RNs, Behavioral Health Specialists, Clinical Pharmacists, and Health Care Coordinators) are aligned to provide case management services for our at-risk Members. This program helps Members whose treatment is endangered by complex medical, behavioral or social conditions.
- **Transitions:** This program supports Members transitioning from in-patient facilities, whether hospitals or skilled nursing facilities, to home.
- **Community Care Program:** Primary Care Clinic teams involve Community Outreach Workers who are "embedded" within a specific primary care clinic or an ED for the purpose of supporting patients who have been unable to follow their health management protocols, resulting in hospital admissions, or ED visits.
- **Opiate Therapy:** The opiate program identifies Members who have received multiple prescriptions from multiple prescribers and pharmacies or Members who are suspected or have committed Fraud, Waste or Abuse. These Members are either restricted to a pharmacy and/or prescriber by their PCP or by CareOregon or are being monitored to ensure safe and appropriate use of controlled substances.
- **Hepatitis C:** A collaborative effort between CareOregon's CareSupport and Pharmacy Units to provide Member support and assistance to achieve successful outcomes on Hepatitis C treatment. The program performs light touch case management involving a couple of monthly check-in phone calls, evaluation for barriers or factors suggesting unlikely successful outcomes, refill monitoring, and PA expiration avoidance.
- **Long Term Care (LTC):** This program utilizes a Nurse Practitioner to perform home visits on chronically ill adults with CareOregon insurance who need additional support to access care/treatment or have difficulty working within the regular medical system.
- **Health Integrated (HI):** HI's Synergy program offers free telephonic Disease Management Care Coaching services to Members who are 18 years old and up, speak any language, and are identified with a variety of behavioral or medical conditions.

- **Patient Centered Primary Care Home (PCPCH):** In March 2007, CareOregon and 5 of its partner primary care organizations began a collaborative initiative to test and spread a "patient centered medical home" model that had been demonstrated to be effective by the South Central Foundation in Anchorage, Alaska. The goal of the project, called "Primary Care Renewal," has been to improve the reliability of delivery of evidence based medical services to practice patients and to enhance the supports to patients with chronic and complex conditions to help them have the best possible health outcomes. That project has evolved into an ongoing effort to support Patient Centered Primary Care Medical Home work throughout CareOregon's service area. By supporting and developing a robust PCPCH model, providers in the delivery network have better access to data about their population, understand what gaps in care exist, develop a team to support the work of closing those gaps, and are able to monitor their outcomes. Engaged leadership, quality improvement tools, and team based care allow the PCPCH to more easily implement new standards of care and to identify processes for improvement within their organization.
- **Care Support and System Innovation (CSSI):** CSSI was developed in 2005 as a way to foster a culture of evidence based practice and continuous improvement in CareOregon provider organizations. The CSSI program provides 3 million dollars annually for training, coaching, and technical assistance to hospitals and provider clinics for selected improvement projects. A conference is held at the end of each funding season at which each participant presents their project and outcome. One of the overarching goals is to develop strategic partnerships with providers who share CareOregon's mission of serving the underserved. Projects are funded annually to support providers in developing or enhancing renewal/medical home practice and projects that support our organizational strategic goals. Historically, CSSI's emphasis has been on supporting provider organizations that identified teams to lead projects and initiatives that improved health care delivery and outcomes.

C.2.3.b Once OHA has defined the CCO required measures, PrimaryHealth will assess what metrics, in addition to those already described, are desirable and feasible in order to ensure progress towards improved outcomes. These will include outcomes for disparities and those achieved individually by PCPCHs within the provider panel. The CAC will work towards health equities among Members to alleviate disparities. Additional measures may be added at the request of the Community Advisory Council or Clinical Advisory Panel, or as needed to measure outcomes related to the Community Improvement Plan.

C.2.3.c OHMS, Care Oregon, JBH and Options currently have Member education and engagement programs to promote wellness and health improvement. PrimaryHealth will build on those existing programs and through our CAC and CAP engage community service organizations to develop plans to improve Member engagement in wellness and health improvement. This could include the development of incentive programs to improve compliance with preventive measures or improve participation in health improvement activities such as smoking cessation, medication adherence, childhood immunization, etc. We will also work closely with our Patient Centered Primary Care Homes to help them achieve their wellness and health improvement goals.

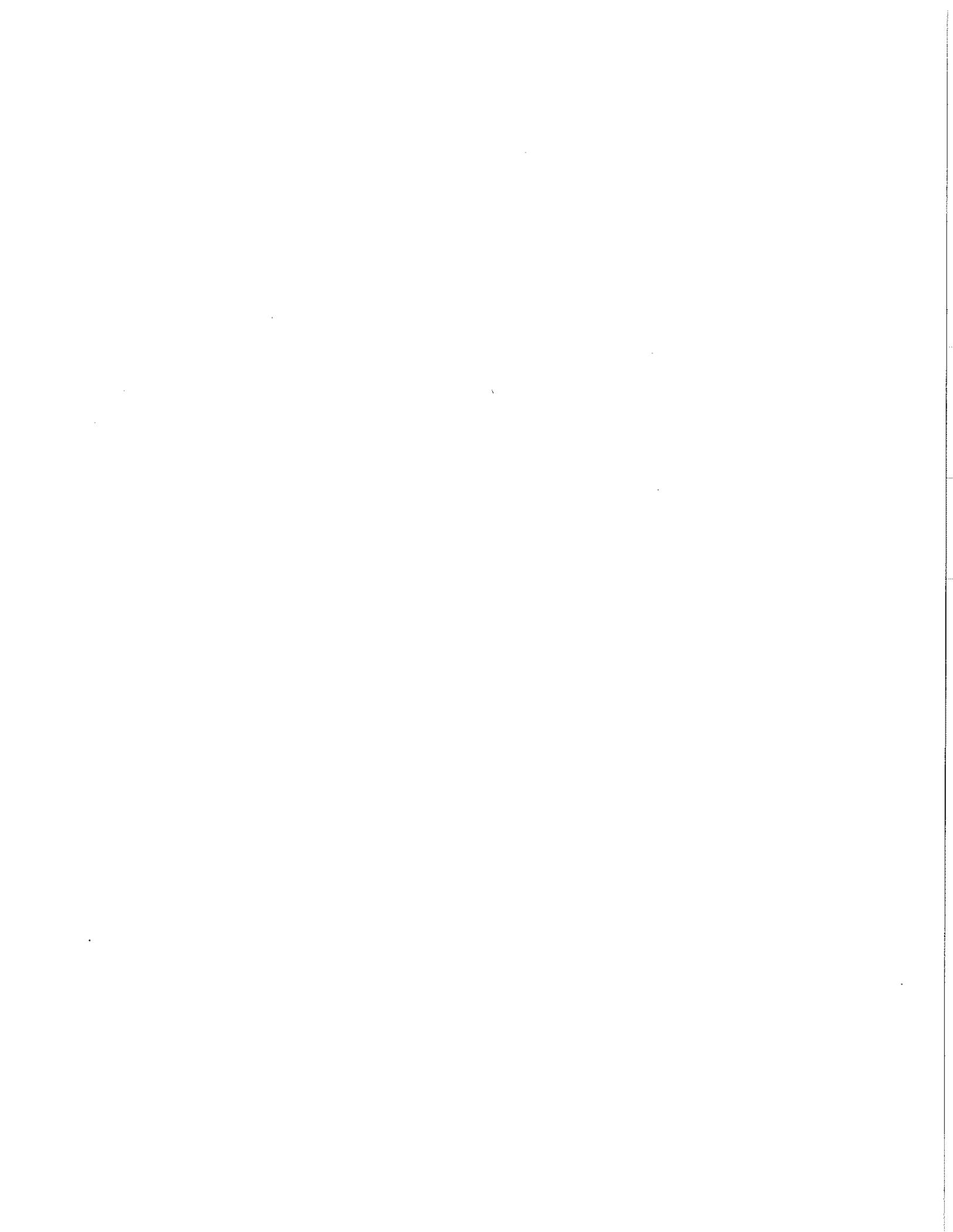
Below are some of the activities currently in place that PrimaryHealth will build upon.

- **Community Health Education:** OHMS operates a community health education center (OHMS-CHEC), which offers free health-focused educational classes. Many classes relate to food, nutrition, and healthy cooking. Classes are offered weekly. An example of class offerings is the "Healthy Living" cooking series which is based on the 10 USDA guidelines for healthy eating. Through the CHEC, PrimaryHealth will also offer the American Lung Association's Freedom from Smoking and "No on Tobacco" cessation programs. OHMS-CHEC allows community partners to utilize the classroom and teaching kitchen for health and wellness related activities. Examples of community partners that utilize the facility include; Asante's Diabetes Support Group, The FQHC's "Project Baby Check" and the DHS Independent Living programs. PrimaryHealth community partners and staff are welcome to participate in these activities, either as volunteers or as participants.

- **Member Education Resources:** CareOregon has a robust Member education component on its website which has a strong focus on wellness. CareOregon sends tobacco cessation materials, flu promotion and prenatal information including “Text4Baby” to its Members. CareOregon website offers a resource guide that is well recognized in healthcare “Healthwise Health Tips”. CareOregon currently generates a Member newsletter that is made available quarterly to Members and providers. The newsletter contains up to date information on health tips
- C.2.3.d PrimaryHealth will build on CareOregon, OHMS, JBH, Option’s and other community partners’ capacity to collect, monitor and report required data. We will also incorporate these data into payment incentives as described elsewhere in this application. For example, the data collected for the PCPCH incentive will align with the CCO reporting measures.
- C.2.3.e Numerous strategies to improve patient care outcomes, decrease duplication of service and make costs more efficient have described in Appendix A. Some key ones include:
- Coordination of local Community Needs Assessment by a diverse group of providers and consumers (CAC) to identify health improvement priorities and commitment to work across the community on the shared priorities to achieve enhanced collective impact.
 - A thorough evaluation of key mental, physical processes across the continuum of care opportunities to identify short and long-term opportunities for improvement (better coordination, implementation of new models, etc.).
 - Technical support for new and maturing PCPCHs so that primary care providers and their teams will have the skills and tools to better manage their patient panels.
 - Implementation of health information technology that helps to quickly and securely share pertinent patient information across the system of care.
 - Utilization management processes that take into consideration the whole person with their physical, mental and social support needs.
- C.2.3.f. PrimaryHealth will draw upon the experience of its Affiliate, CareOregon, and its partners, OHMS, JBH, Options and others, in managing the coordination of care and the arrangement, tracking and documentation of all referrals and prior authorizations. All have policies and procedures in place that are designed to ensure continuity of care for Members who are accessing different facets of the healthcare system. CareOregon and OHMS also have robust electronic system for tracking, documenting and responding to prior authorization requests.

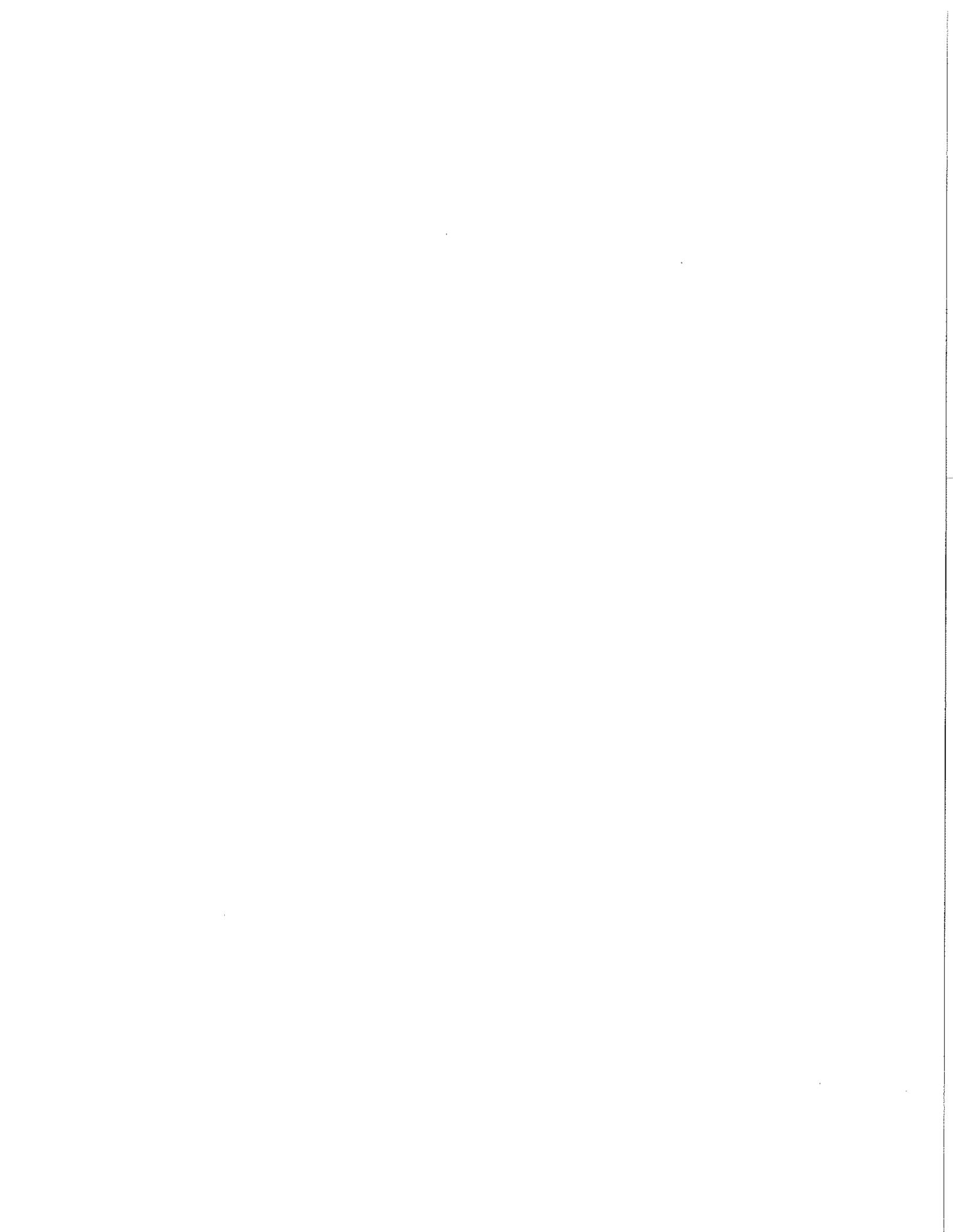
Applicant Name: PrimaryHealth of Josephine County, LLC
Services Area Table

Service Area Description	Zip Code(s)	Maximum Number of Members- Capacity Level
Josephine County	97497, 97523, 97526, 97527, 97528, 97531, 97532, 97533, 97534, 97538, 97543, 97544, 97497 and 97527	
Douglas County	97410 and 97442 as contiguous zip codes.	13,000
Jackson County	97525, 97530 and 97537 as contiguous zip codes.	



**Applicant Name: PrimaryHealth of Josephine County, LLC
Publicly Funded Health Care and Service Programs Table**

Name of publicly funded program	Type of public program	County in which program provides service	Specialty/Sub-Specialty Codes
Bridges to Success	Case Management Services	Josephine County	Unknown
Evergreen Elementary SBHC	School Based Health Center	Josephine County	Unknown
Foster Parent Association	Foster Parent Group	Josephine County	Unknown
Illinois Valley High School SBHC	School Based Health Center	Josephine County	Unknown
Jackson County Methadone Program (Allied Health)	Methadone Program	Josephine County	03/015
Jefferson Behavioral Health (OPTIONS)	Mental Health Services	Josephine County	33/092; 33/209
Josephine County Court	Drug Court	Josephine County	Unknown
Josephine County Health Department	Public Health	Josephine County	47/079
Juvenile Justice System	Adolescent Outreach Services	Josephine County	06/035
KAIROS	Mental Health Services	Josephine County	93
Lisa Callahan, CPNP	Rural Health Clinic	Josephine County	42/366
Lorna Byrne Middle School SBHC	School Based Health Center	Josephine County	Unknown
National Smoke – Out Day	Community event to promote smoking cessation	Josephine County	Unknown
OHMS Community Health Education Center (CHEC)	Education Center	Josephine County	Unknown
OPTIONS for Southern Oregon	Community Mental Health Program	Josephine County	33/092; 33/209
Pathways to Care Network	Community Group	Josephine County	Unknown
Recovery Fair	Community event for people recovering from drug and alcohol abuse	Josephine County	Unknown
Siskiyou Community Health Center- Illinois Valley & Grants Pass	FQHC	Josephine County	15/097
Siskiyou Pediatric Clinic, LLP	Rural Health Clinic	Josephine County	14/095
Three Rivers School District	Adolescent Outreach Services	Josephine County	Unknown
YMCA-Pioneering Healthier Communities	Community Outreach	Josephine County	Unknown



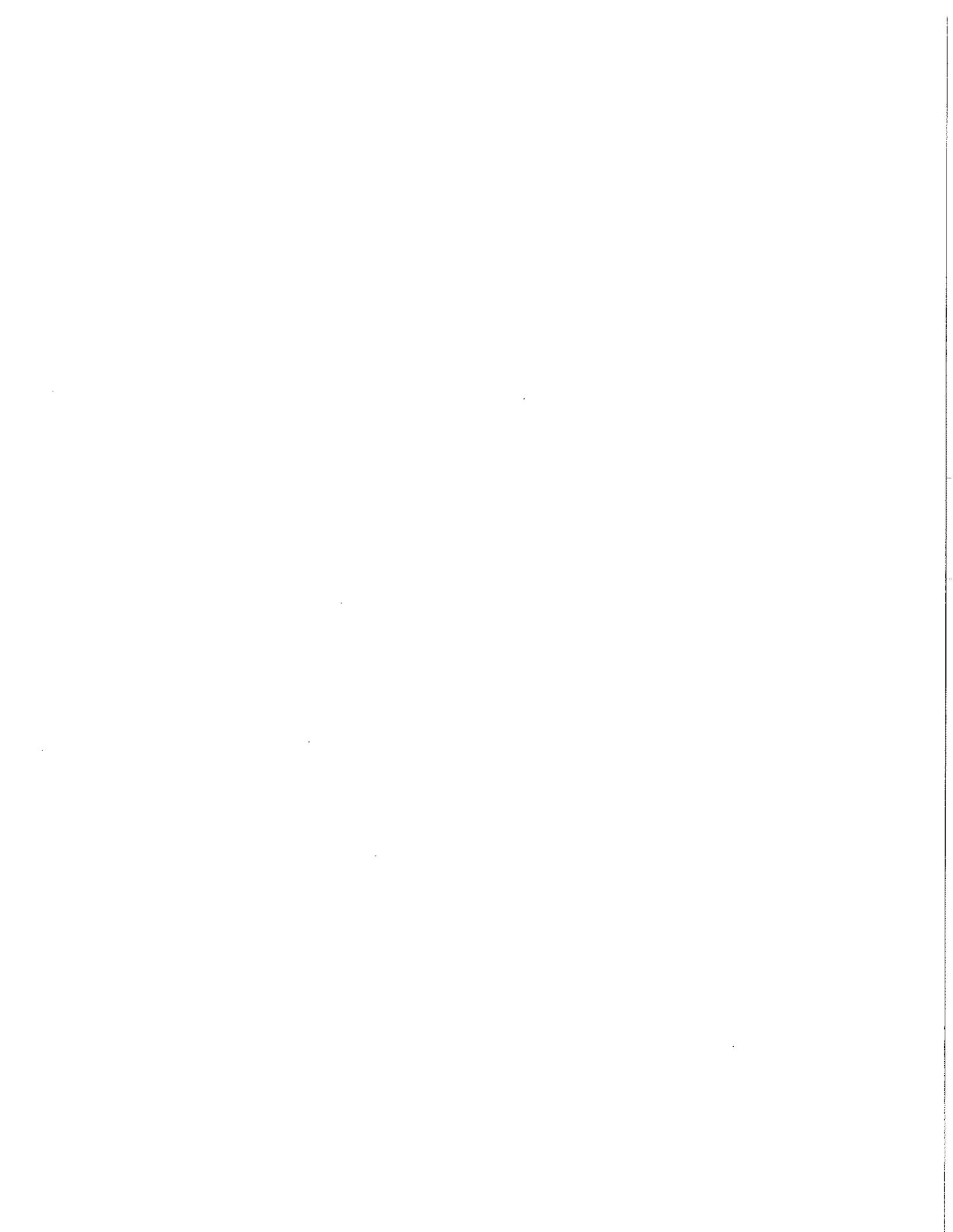
**Appendix D – Medicare/Medicaid Alignment Questionnaire
PrimaryHealth of Josephine County, LLC****Section 2 – Ability to Serve Dually Eligible Individuals**

D.2.2.a. PrimaryHealth of Josephine County's affiliate, CareOregon, has operated a Medicare Advantage program since 2006. Our dual-eligible Special Needs Plan (SNP), CareOregon Advantage Plus, has more than 7,000 members, and includes Josephine County in its service area.

More than 90% of CareOregon Advantage members receive both Medicare and Medicaid services through CareOregon. Members have a single local phone number, with specialized staff, to answer any questions they have regarding the complex set of Medicare parts A and B, Medicare Part D, and Medicaid benefits. Our care management staff has extensive experience working with individuals who have both Medicare and Medicaid coverage. More than 50% of our SNP members are younger than age 65, and many have multiple chronic conditions, that include both physical and mental health.

D.2.2.b. CareOregon already has a contract in place with CMS for individuals who have Medicare and Medicaid.

D.2.2.c. CareOregon has participated in the statewide CCO dialogue regarding integration of Medicare and Medicaid services through the CCO Medicare/Medicaid Work group and the ongoing DMAP Medicare/Medicaid Work Group. CareOregon is committed to working with the state to participate in the CMS Medicare/Medicaid alignment Demonstration. We are enthusiastic about the opportunities the Demonstration brings in terms of better alignment of both programs to benefit the member. If the state does not pursue that option, CareOregon Advantage would continue its current contract with CMS as a Medicare Advantage plan.





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Quality Improvement Program

2011

Quality Improvement Program

CareOregon's Mission: *Be a Community Benefit organization to assure Oregon's vulnerable populations receive access to high quality healthcare from a stable network by a well managed, financially sound organization.*

CareOregon is a not for profit organization committed to improving and protecting the health of low income and vulnerable Oregonians. The CareOregon Quality Improvement Program is inclusive of both Medicaid and Medicare. Our current Medicare structure includes a Special Needs Plan (based on the dual eligible membership) and the commercial plan which was developed to ensure low income individuals had an option for coverage. The service area includes 15 counties in Oregon for the Medicaid membership and 7 counties for the Medicare members.

CareOregon recognizes the complexity of the population we serve which includes poverty, low literacy and multiple co-morbid conditions (behavioral and medical). This is especially evident in our Medicare membership with over 55% of the population being under 65 years of age. This non-traditional Medicare plan includes numerous individuals who have achieved Medicare eligibility due to the nature of their mental illness/disability. In order to effectively serve this population, it is essential that CareOregon have a highly integrated quality improvement program.

CareOregon has embraced three key objectives termed the "Triple Aim" which was originally coined by IHI (Institute for HealthCare Improvement). CareOregon has embraced the Institute for Healthcare Improvement's (IHI) Triple Aim as a key driver for much of its quality improvement and business strategy. It is CareOregon's belief that focusing on these concepts will lead us to the integration of quality improvement that will most benefit our members. The key objectives are:

- Improve the health of the population
- Enhance the member experience of care (including quality, access, and reliability)
- Reduce , or at least control, the per capita cost of care

Product Name	Product Type	Enrollees	Date of Operation
CareOregon	Medicaid HMO	164359	1994
CareOregon Advantage Plus	Medicare Advantage-Special Needs Plan	6503	2006
CareOregon Advantage Star	Medicare Commercial	733	2009
Total		171,595	

The practitioners that serve our members consist of 950 primary care providers, 3,000 specialists, 33 hospitals throughout the state of Oregon and 14 Public Health Departments. Primary Care Practitioners are defined as family practice practitioners, general medicine practitioners, pediatricians, internists, nurse practitioners and obstetricians. Organizational contracts include home care agencies, skilled nursing facilities, acute care facilities (hospitals), free standing surgical centers, clinical laboratories, comprehensive outpatient rehabilitation facilities, end stage renal disease services provider, rural health clinics and federally qualified health centers. Chemical dependency services are available (and managed) through the CareOregon benefit and provides for substance abuse assessment/evaluation and treatment. Currently there are 120 chemical dependency providers available for our members.

It is important to understand the composition of the Medicaid system in Oregon due to the unique construction of the program. During 1994 the State of Oregon made the decision to provide Medicaid coverage to thousands of individuals that previously did not qualify. Originally the Oregon Health Plan (OHP) began as a Medicaid demonstration project. This is important since the OHP consisted of two key tenets:

- Medicaid benefits were made available to most people living in poverty regardless of age, disability or family status
- Benefits were based on a priority list of health care conditions and treatments.

Currently the OHP offers two benefit packages that were developed to help control costs as well as reduce the number of low income, uninsured Oregonians. The following categories represent the two benefit packages available:

- OHP PLUS: Aged, Blind and Disabled, under the age 19, pregnant or receiving Temporary Assistance for Needy Families
- Standard: Oregon residents with limited income, over the age of 19 and do not qualify for the traditional Medicaid (Standard benefit is limited in scope)

The development of Oregon's unique Medicaid delivery system created a multi-pronged approach for the State to make services available. Currently OHP contracts with three separate organizations to provide services to the Medicaid population. :

- Managed Care Organization (MCO): Manage benefits for physical health including pharmacy(except mental health drugs are not covered) and chemical dependency
- Dental Care Organization (DCO): Manages dental services for the population served under the Medicaid program
- Mental Health Organization: (MHO) Manages the behavioral health services

Our Medicare plans provide mental health coverage to members through a contract and partnership with United Behavioral Healthcare (Optum). In the latter part of 2010 CareOregon made the decision to transition the management of the mental health benefit to be fully managed by CareOregon. It is anticipated the transition will occur during the 3rd quarter 2011.

Following an analysis of the CareOregon population it was determined that diabetes and depression were the most prevalent chronic diseases across the plans. For this reason, CareOregon made the decision to offer disease management services to our members through forming external relationships (delegation). The original source of the disease management services was offered through a NCQA

accredited organization, Health Integrated. This decision was made in part since Health Integrated’s program (Synergy) is based on a non- traditional approach to disease management. The Synergy program uses the diagnoses of diabetes and depression only as indicators for potential participation while their services are holistic in nature. As of 2011 specific clinics (Primary Care Renewal Clinics) are now delegated to offer the same/similar service to their clients

Member Demographics

It is important (essential) that CareOregon fully appreciate and understand of our members of both health plans in order to identify barriers and unique needs that can improve the experience with the health care system. Over 80% of our Medicaid/Medicare membership is located in the tri-county area (Multnomah, Washington, Clackamas) which includes the metropolitan Portland area. Approximately 50% of our members are assigned to Federally Qualified Health Centers (safety net) clinics. Approximately (30%) of our members are in clinics that have or are in the process of transforming to patient centered medical homes.

Understanding how best to communicate to our members includes being able to identify their primary language preferences.

We have the advantage that cultural and language preference information is included in the enrollment file that we receive from the state. Since the majority of our Medicare members also have CareOregon for their Medicaid coverage, the information we have available is quite complete.

Medicaid	Medicare
English-71%	English-89.5%
Spanish-21%	Spanish-2%
Russian-3%	Combination: 8.5%

We run a population analysis on an annual basis. This allows us the opportunity to better understand who our members are both in terms of diagnoses, but also in terms of age, ethnicity, and primary language. This information helps guide the development of quality activities and member communication.

- Over 63% of our Medicaid members are children (0 to 17)
- Women represent 56 % of the membership
- Only 5% of our Medicaid adults are over age 65
- 55% of Medicare membership is under the age of 65 years of age. Thus we have a high number of disabled members many of whom have chronic, severe mental illness as their disability.

Scope

The Quality Improvement (QI) program, consists of a broad range of clinical and service initiatives relevant to our membership and covers all Medicaid and Medicare products. The program’s scope, is determined following an annual analysis of the population and its demographic and clinical characteristics. It includes the monitoring and evaluation of high

volume, high risk, problem prone clinical and service issues. Performance goals and thresholds are established for all measures, and are trended over time.

The QIMC (Quality Improvement Management Committee) selects specific clinical and service areas and focuses resources to improve performance. At a minimum, the QI program monitors and evaluates major primary care services, management of chronic care, use of preventive services, behavioral care services, the availability and accessibility of services and member satisfaction. A comprehensive summary of clinical and service measures and the specific objectives describing areas selected for focused improvement is located in the QI Work Plan.

Program Goals and Objectives

The overarching goal for the QI program is to meet Triple Aim goals of improved health outcomes, improved experience, and lower cost while using the criteria articulated by the Institute of Medicine's (IOM) "call to action to improve the American health care delivery system" (Crossing the Quality Chasm: A New Health System for the 21st Century 2001) Program goals are based on the following parameters:

- **Safe** – avoiding injuries to patients from the care that is intended to help them.
- **Effective** – providing services based on scientific knowledge to all who could benefit and refraining from providing services to those not likely to benefit.
- **Patient-centered** – providing care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions.
- **Timely** – reducing waits and sometimes-harmful delays for both those who receive and those who give care.
- **Efficient** – avoiding waste, including waste of equipment, supplies, ideas, and energy.
- **Equitable** – providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status.

CareOregon uses a multi pronged approach to address these elements which includes integration of services internally (Care Support/Medical Benefits Assurance/Pharmacy/Quality Improvement) and externally.. We have developed a program called Care Support and System Integration (CSSI). Through this mechanism we invest significant money and resources in training and guiding clinics, hospitals, and other community organizations as they undertake quality improvement projects that are consistent with both our strategic business goals and the IOM's stated objectives. As an example, this program has been used to fund our Primary Care Renewal program which focuses on the development of primary care medical homes.

The following program goals support the specific objectives found in the work plan. These include:

1. Implement scientifically-based clinical practice guidelines and disease management programs which improve process and outcomes of clinical care for the most prevalent chronic conditions in the population
2. Improve the use of high volume, high risk preventive health services

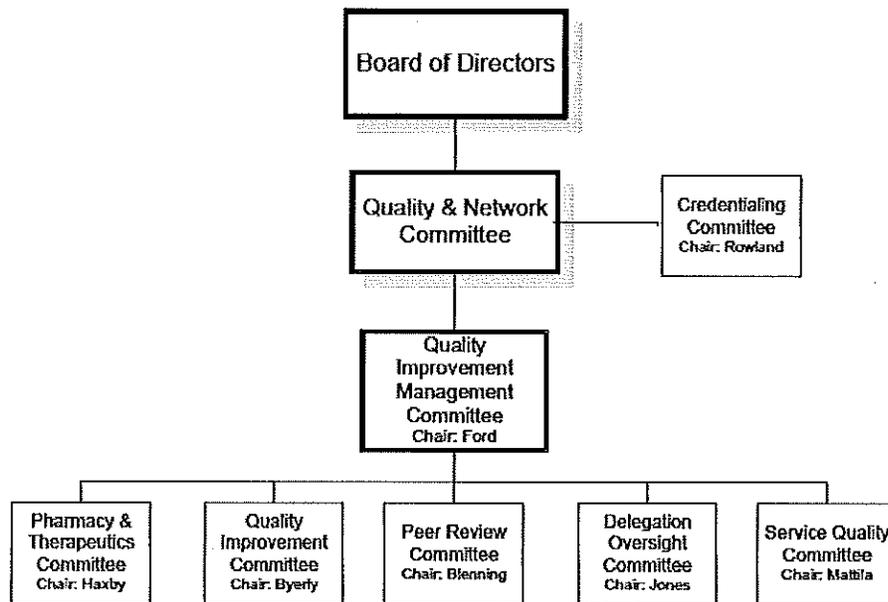
3. Work collaboratively with behavioral care services to monitor, evaluate and improve process and outcomes of behavioral care, and coordination between behavioral care and general medical care
4. Support implementation of activities to improve patient safety in care delivery settings
5. Achieve high member satisfaction with health care delivery to ensure it is customer driven, patient centered and community centric through monitoring and evaluation and interventions where appropriate
6. Achieve high functioning alliances with providers by working in partnership with practitioners who are responsible for providing clinical care services in the selection, design and implementation of strategies to improve process and outcomes.
7. Monitor, and improve when necessary, accessibility and availability of clinical care services
8. Maintain a system for monitoring, investigating and evaluating episodes of poor quality of care
9. Maintain an ongoing, up-to-date credentialing and recredentialing process of providers and organizations.
10. Provide oversight of the utilization management program and its impact on members and providers.
11. Provide appropriate oversight of all delegated relationships.
12. Support, or be synergistic with other quality improvement efforts by provider groups, community groups, other health plans and State Medicaid agency
13. Focus on areas that have a significant impact on a population that has exceptional needs and those individuals at risk for poor outcomes
14. Provide services and information to our members in a manner that is both culturally and linguistically appropriate

Quality Improvement Program Structure

CareOregon's Chief Medical Officer is directly responsible for implementation and ongoing efforts of the QI program. The QI program strives to continuously improve the quality of care and service provided to our members. It is implemented through a series of committees that

address various aspects of quality of care and service. The Board of Directors has delegated authority for the oversight of CareOregon’s quality improvement program to the Board’s Quality and Network Subcommittee. The Quality and Network Subcommittee utilizes the Quality Improvement Management Committee to oversee the quality improvement program.

CareOregon Quality Committee Structure



Each committee reviews data relevant to its area of accountability and recommends implementation of improvement projects using PDSA (Plan-Do-Study-Act) methodology.

Annually, each committee conducts an evaluation of its work and recommends changes to existing programs and new projects to the Quality Improvement Management Committee (QIMC) for review. The QIMC evaluates the committee recommendations and thereby participates in the creation of the overall QI work plan.

The following sections briefly describe each Quality Improvement Program committee. For information on each committee, see the various committee charters in Addendum A. The committee charters list the committee’s responsibilities, membership, and meeting frequency.

Quality Improvement Management Committee (QIMC)

The Quality Improvement Management Committee (QIMC) is composed largely of senior executives that have general oversight over CareOregon's management, policies, and personnel. This committee oversees the organization's quality improvement program through the reporting of the various quality improvement committees. QIMC is accountable for ensuring the focus and direction of the quality program toward achieving the "Triple Aim".

During 2011, the Quality Improvement Management Committee was rolled into the Senior Management Team meetings. The Senior Management team meets weekly and consists of all CareOregon executives and directors. At CareOregon our business plan, in addition to operational and financial objectives, has a lot of strategic focus on the Triple Aim and on improving provider relations. Consequently, much of the work of the team was duplicating that of QIMC and the decision was made to consolidate the two groups.

The following quality program committees report directly to the QIMC:

- Pharmacy and Therapeutics Committee
- Quality Improvement Committee
- Delegation Oversight Committee
- Peer Review Committee
- Service Quality Committee

Pharmacy and Therapeutics Committee (P&TC)

The Pharmacy and Therapeutics Committee (P&TC) is composed of internal staff and contracted physicians and pharmacists. It is accountable for the oversight of the CareOregon Pharmacy program, the development and maintenance of the CareOregon formulary, and programs that impact pharmacy utilization.

Quality Improvement Committee (QIC)

The Quality Improvement Committee (QIC) is a committee of internal staff, contracted providers, and QI specialists from contracted medical and chemical dependency groups. This is an advisory committee that provides oversight and direction for CareOregon initiatives impacting the quality of care for our members. Participation includes physical health and behavioral health providers. The QIC also provides oversight to the CareOregon Utilization Management Program including approval of medical policies and new technology assessments. Utilization trends are reviewed through the use of standardized reports.

Credentialing Committee

The purpose of the Credentialing Committee is to ensure a high quality health care provider panel for our members. This is accomplished through the review of credentialing and

recredentialing provider applications against recognized, consistent standards. Additionally, the Credentialing Committee ensures that the processes used by the CareOregon credentialing staff are consistent with regulatory standards. Credentialing Committee reports directly to the Quality and Network Committee (sub-committee of the Board).

Delegation Oversight Committee (DOC)

The Delegation Oversight Committee is comprised of internal staff involved with the delegation agreements. The Committee provides consistency and structure for review of annual and ongoing oversight and recommendations related to the delegation arrangements.

Peer Review Committee (PRC)

The Peer Review Committee (PRC) is a committee of internal staff and contracted providers. It is accountable for monitoring and ensuring the quality of care and service provided by contracted providers.

Service Quality Committee (SQC)

The Service Quality Committee (SQC) is a committee of internal staff. It is accountable for the identification of issues impacting the satisfaction of our members through the analysis and integration of information from multiple sources. Opportunities for improvement are identified, interventions are recommended and results monitored.

The quality improvement process crosses many boundaries. In order to ensure the program is monitored and comprehensive CareOregon departments and units dedicate staff and resources to that end.

Organizational Structure

Each of the areas (Managers) described in the QI program are responsible for managing the implementation, assessment and evaluation aspects of their respective accountabilities. The Quality Improvement (QI) Unit is responsible for coordinating the efforts of the QI program as well as monitoring of the QI work plan. Unless otherwise noted this document is inclusive of both Medicare and Medicaid plans.

The QI Unit includes:

- QI Coordinators (nurses) (3 FTEs)
- Health Education Coordinator (1 FTE)
- Accreditation Coordinator (1 FTE)
- Administrative Assistant (1 FTE)
- Credentialing Specialists (3 FTEs)

- Records Coordinator (.4 FTE)
- QI Nurse Manager (1 FTE)

Responsibilities include:

- Provision of staff support to QI, Peer Review and Credentialing committees;
- Analysis of quality efforts identifying barriers, proposed interventions, and intervention timelines;
- Oversight of the adverse event process as a mechanism to address patient safety issues;
- Oversight of delegation specific to disease management and credentialing, including conducting an initial evaluation of potential delegates, reviewing and evaluating delegates' reports, and communicating an annual assessment of the delegated functions;
- Formulation of scheduled reports for external review agencies;
- Analysis of "Over and Under utilization;"
- Population analysis performed annually;
- Identify and address member communication needs to increase the likelihood of member understanding (language, communication style, etc);
- Facilitate implementation of the QI work plan across the organization;
- Complete research for the adoption of practice guidelines and health management programs for submission to the QIC;
- Manage the member grievance process. Trended reports of aggregate member complaints are reported quarterly to the QIC; and
- Work collaboratively with and oversee the work of Health Integrated and Primary Care Renewal Clinics that provide disease management services.

Pharmacy Unit

The Pharmacy unit is responsible for development and administration of the formulary with the assistance from the Pharmacy Benefits Manager (PBM) and the Pharmacy and Therapeutics Committee. Details of the P&T Committee can be found in the Utilization Management Program description. The Pharmacy Unit is also responsible for the oversight of the Medication Therapy Management Program; currently conducted by the PBM for the Medicare population. Quality Assurance and Retrospective Drug Utilization is conducted through this avenue, as well. The Pharmacy Unit includes:

- Pharmacy Technicians (6 FTEs)
- Pharmacy Technician Lead (1 FTE)
- Clinical Pharmacists (1.8 FTEs)
- Clinical Pharmacist Coordinator (1 FTE)
- Associate Pharmacy Director (1 FTE)
- Pharmacy Director (0.5 FTE)

Medical Benefits Assurance Unit (MBA)

The Medical Benefits Assurance unit is responsible for the development of the UM Program as it relates to the administration of the medical benefits through the prior authorization process, concurrent review, and management of appeals. The scope of MBA also includes the identification and reporting of "Adverse Events" and staff work collaboratively with the QI unit to ensure timely and accurate reporting. The MBA unit provides quarterly reports of timeliness of decision-making, denial rates as well as appeals by type and outcomes to the QIC. MBA works closely with the CareSupport Unit to assist members in managing transitions. Additionally, the MBA Staff identify and refer members appropriate for internal and external programs including the following:

- Health Integrated (Disease Management)
- Palliative Care
- CareSupport (Complex Members)

The Medical Benefits Assurance Unit includes:

- Prior Authorization Nurses (4 FTEs)
- Concurrent Review Nurses (6 FTEs)
- Durable Medical Equipment Specialists (3 FTEs)
- Appeals Coordinators (2 FTEs)
- Medical Benefits Assistants (9 FTEs)
- Administrative Assistant (1 FTE)
- Records Coordinator (.6 FTE)
- Nurse Supervisor (2 FTEs)
- Nurse Manager (1 FTE)
- Associate Medical Directors – who also act as resource to CareSupport and support the post payment reconsiderations (0.6 FTE).

Clinical Claims Review Unit

The Clinical Claims Review Unit is responsible for pre and post-payment of targeted claims. Post-payment reviews are reviews of hospital inpatient services after care has been received and the hospital providers of care has billed and been reimbursed by CareOregon. Claims are reviewed for documented medically necessary services, appropriate levels of care coding, and nationally recognized billing standards. The goals of pre and post payment claims review is to:

- Enforce contracts with provider of service
- Ensure payments are made consistent with medical policy
- Ensure billing and documentation accuracy

Additionally, the Clinical Claims Unit reviews emergency room claims for either payment at a contract or an assessment rate.

The Clinical Claims Review Unit includes:

- Medical Coding Specialist (1 FTE)
- Clinical Claims Review Unit Assistant (2 FTEs)
- Clinical Claims Review Nurse (1 FTE)
- Clinical Claims Review Nurse Manager (1 FTE)

CareSupport Department

The CareSupport (CS) program serves those whose health care is compromised by complex medical, behavioral, and/or social conditions. The conditions addressed include chronic illness, multiple co-morbidities, level-of-care transitions, chemical dependency, resistance to change, and limited access to resources or inappropriate use of resources. A set of five domains of concern were developed (which are considered to be determinants of health) that each identified member is assessed against in order to identify modifiable risk factors. A separate Care Support program description is included as a supplement to the QI program document

Five Care Domains and Examples of CareSupport Interventions

The five care domains included in each member's assessment are:

- 1) Health Trajectory: What are the underlying physiological/health status and history of the member? How are co-morbidities impacting the member's status? What has contributed to the member's treatment history? What is the prognosis of the member? What are the risks that may be modified through better or different medical management and/or more optimal monitoring?
- 2) Medical Home Relationship: How is the member's quality of relationship with his/her primary care provider? How can we facilitate a more productive interaction between the member and his/her medical home? What are the barriers to optimizing this relationship and how can we reduce or eliminate these barriers?
- 3) Medical Services Access: Are there any barriers the member has to key prescribed treatment and preventative services, referrals, and/or equipment that put the member at risk? Barriers may include:
 - Access to services
 - Transportation
 - Benefit limitations.
- 4) Self Management Capability/Willingness: Are there self-management behavioral deficits that create a barrier to optimum self management or put the member at risk either in the near future or over the next year? These deficits may include:
 - Knowledge deficit regarding diagnosis/treatment/life planning
 - Cognitive impairment/mental illness
 - Motivation/engagement level
 - Denial

- Inadequate skills development.

5) Social Support System: Are there missing social supports that put the member at risk?

Missing supports might include:

- Basic needs such as appropriate food, safe and adequate housing
- Available benefits and financial resources
- Inability to perform activities of daily living (ADL/IADL)
- Disability support or advocacy
- Caregiver resources and their involvement in the care plan

Care Support targets members who are identified as being high risk in one of the following areas:

- Functional health decline or health care utilization which represents the top 6-12% utilization of total membership;
- Exceptional/complex health needs; and
- Difficult transitions; such as from hospital to home

Care Support Case Management Program utilizes a multidisciplinary team approach in providing case management services for members with “modifiable” risk factors and who are willing to participate. An integrated relationship exists between Medical Benefits Assurance, Pharmacy, Quality Improvement and Clinical Claims to support the identification, outreach management of our members.

The Care Support Department includes:

- Director of Clinical Learning and Support (1 FTE)
- Senior Manager (1 FTE)
- Nurse Manager (1 FTE)
- Supervisors – (1 Nurse, 1 Social Worker) (2 FTEs)
- Program Coordinator (1 FTE)
- Behavioral Health Specialists (5 FTEs)
- Registered Nurses (8 FTEs)
- Health Care Coordinators (11 FTEs)

INNOVATIVE AND/OR TRANSFORMATIVE PROGRAMS

In addition to the internal processes that are in place to support and promote the quality program’s goals CareOregon has created provider based programs to strengthen quality efforts. These are the CareSupport and System Innovation Program, Primary Care Renewal, Long Term Care, and Palliative Care programs.

Care Support and System Innovation Program (CSSI)

CSSI was developed in 2005 as a way to foster a culture of evidence based practice and continuous improvement in CareOregon provider organizations. The CSSI program provides 3 million dollars annually for training, coaching, and technical assistance to hospitals and provider clinics for selected improvement projects. A conference is held at the end of each funding season at which each participant presents their project and outcome. One of the overarching goals is to develop strategic partnerships with providers who share CareOregon's mission of serving the underserved. Projects are funded annually to support providers in developing or enhancing renewal/medical home practice and projects that support our organizational strategic goals.

Primary Care Renewal Program (PCR)

In March 2007 CareOregon and 5 of its partner primary care organizations began a collaborative initiative to test and spread a "patient centered medical home" model that had been demonstrated to be effective by the South Central Foundation in Anchorage, Alaska. The goal of the project, called "Primary Care Renewal," has been to improve the reliability of delivery of evidence based medical services to practice patients and to enhance the supports to patients with chronic and complex conditions to help them have the best possible health outcomes.

The key elements of the new practice model are:

1. Team based care with multi professional teams of clinicians, care managers, behaviorist, medical assistants and team assistants,
2. Patient centeredness based on ongoing direct assessment of individual and collective patient wants and needs,
3. Integrated behavioral health using a trained "behaviorist" working alongside medical clinicians on the team,
4. Empanelment of patients to a specific team to optimize partnership and population oversight, and
5. Enhanced access not only by open access to clinic visits but also by removing barriers to phone and other methods of team/patient communication and support. All those participating in the PCR initiative have received formal training in process improvement (Model for Improvement/PDSA techniques) through the CareOregon Learning Commons and staff.

Currently there are 18 clinics participating with over 65 individual clinician teams. Throughout the initiative, clinics have been required to report clinical (e.g. HEDIS based), access (next available) and satisfaction measures (PCR designed survey) and encouraged to share "best practices" in improving these outcomes.

In 2009, a pilot PCR quality bonus program was instituted to incentivize improvement of these metrics; lessons learned from the incentive pilot resulted in a 2010 redesign of the bonus program which has a broader set of reportable metrics and a much more rigorous set of data definitions arrived at through an extensive co-design process with the clinics. The goal of the bonus program is not only to learn how to align incentives toward better primary care population outcomes but also to build clinic measurement capacity to guide the work done by the teams in

real time and to give feedback to the clinics and their organizations about their overall effectiveness of care.

Long Term Care Program

During late 2010 CareOregon launched a home based Long Term (LTC) Care Pilot in collaboration with the State's Senior and People's with Disabilities (SPD) division. Oregon has a history of providing long term care services to people in non-institutional settings. However even though CareOregon and SPD serve the same clients, the benefits and services have not been coordinated historically. We also know that many of our members receiving LTC services often do not adequately access physician services and tend to over utilize hospital and ED services. This collaborative project offers the opportunity to provide integrated services with the goal of meeting all three arms of the Triple Aim. Program staff consist of a CareOregon Nurse Practitioner and two SPD case workers. Most of the recipients of this program to date are assigned to a Virginia Garcia clinic (one of our Primary Care Renewal clinic systems) or to a CareOregon Community Clinic. It is anticipated that the details of this will evolve as we gain experience in this area.

Palliative Care

In late 2009 CareOregon implemented a community based palliative care program for members with complex terminal conditions not yet eligible for or interested in participation in a hospice program. This program assists with symptom management, advanced care planning, and meeting social and spiritual needs. The goals of the program include improving end-of-life decision making and reducing the use of futile health care services. We are aiming for improved health outcomes in terms of improved symptom management, enhanced family and patient satisfaction with the health care system, and decreased costs through meeting members' needs at home rather than through ED or inpatient care. In 2010 we added a second agency to this program as a way to broaden the service area reached. In 2011 we are focusing on standardizing referral criteria and participating in a program focused on training and mentoring primary care providers in conversations about end of life decision making.

Releasing Time to Care

In 2010, CareOregon launched *Releasing Time to Care* together with four Oregon hospitals, the Oregon Nurses' Association, the Oregon Association of Hospitals and Healthcare Systems, and others. *Releasing Time to Care* is an improvement methodology based on Lean principles that was designed by and for nurses. Its purpose is to free up time of front line hospital nursing staff so that nurses can devote more time to direct patient care, thereby improving patients' experience of care and patient outcomes. Through observation and tracking, teams identify waste that can be removed from daily processes, and they develop quality measures for their units that are displayed so that patients, visitors, and hospital staff can see their progress. *Releasing Time to Care* is rolled out unit by unit within a hospital, preserving the culture of a particular unit while standardizing many processes throughout the hospital. CareOregon is the convener of the

statewide *Releasing Time to Care* collaborative and is currently recruiting hospitals for two new cohorts scheduled to begin in fall 2011.

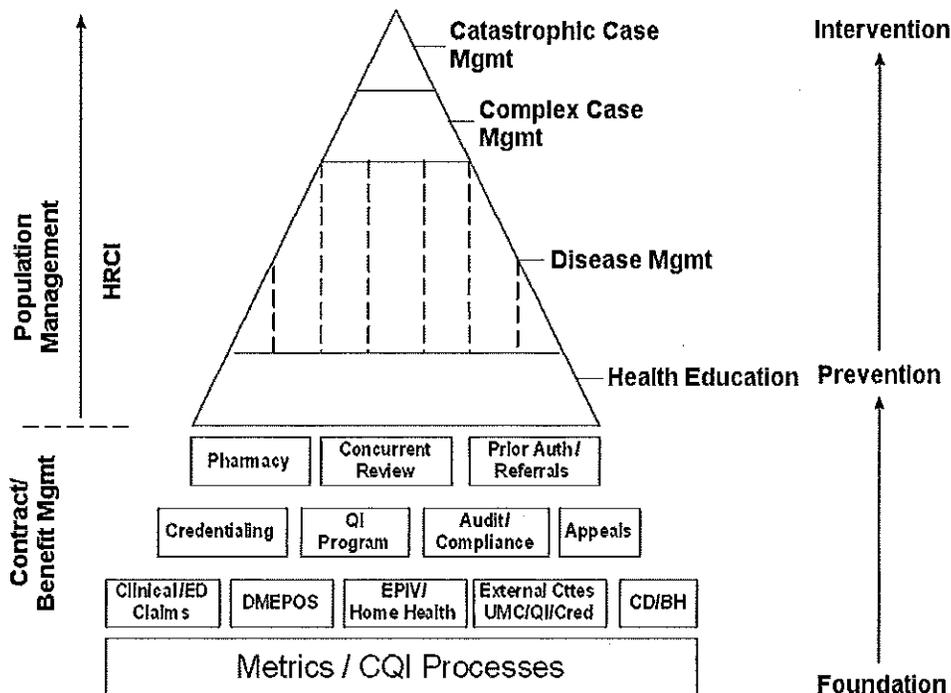
CareOregon Community Clinics

Access issues became increasingly challenging for our members during 2009/2010. This was evidenced by the fact that as many as 16% of our members were unassigned at any given time. Consequently, CareOregon became involved in trying to improve access not only by encouraging clinics to accept new members and continuing work with the PCR clinics around access but notably also by purchasing and renovating clinic space for our largest contracted medical group and by opening our own clinics.

Three CareOregon community clinics were opened in areas of highest need and staffed in ways appropriate for the cultural and language needs of the neighborhood in which they are located. A fourth clinic has recently opened in another high needs area. While the clinics are open to all, the majority of patients being seen are CareOregon members. Since opening the clinics we have seen our rate of unassigned members drop to <0.5%

Another access issue that we are addressing through this mechanism stems from our chronic pain population. Many of these members are so demanding and challenging to care for that many of our contracted providers will no longer take them on as patients. Consequently, we have opened a multidisciplinary pain management clinic at one of our clinic sites. During 2011 we have hired a dentist and plan to start offering dental services to the patients in these clinics.

The pyramid below depicts the approach that CareOregon has embraced in managing our populations.



Quality of Service

CareOregon collects information about the quality of its service and that of its contracted providers through a variety of mechanisms, including but not limited to:

- Member satisfaction survey, Consumer Assessment of Health Plan Survey (CAHPS)
- Visit Based Member Surveys (VBMS)
- Provider surveys
- Internal Medical Record Review
- Aggregate complaint data
- Assessment of member access data

Quality of Care

CareOregon collects information about the quality of care through a variety of mechanisms, including but not limited to:

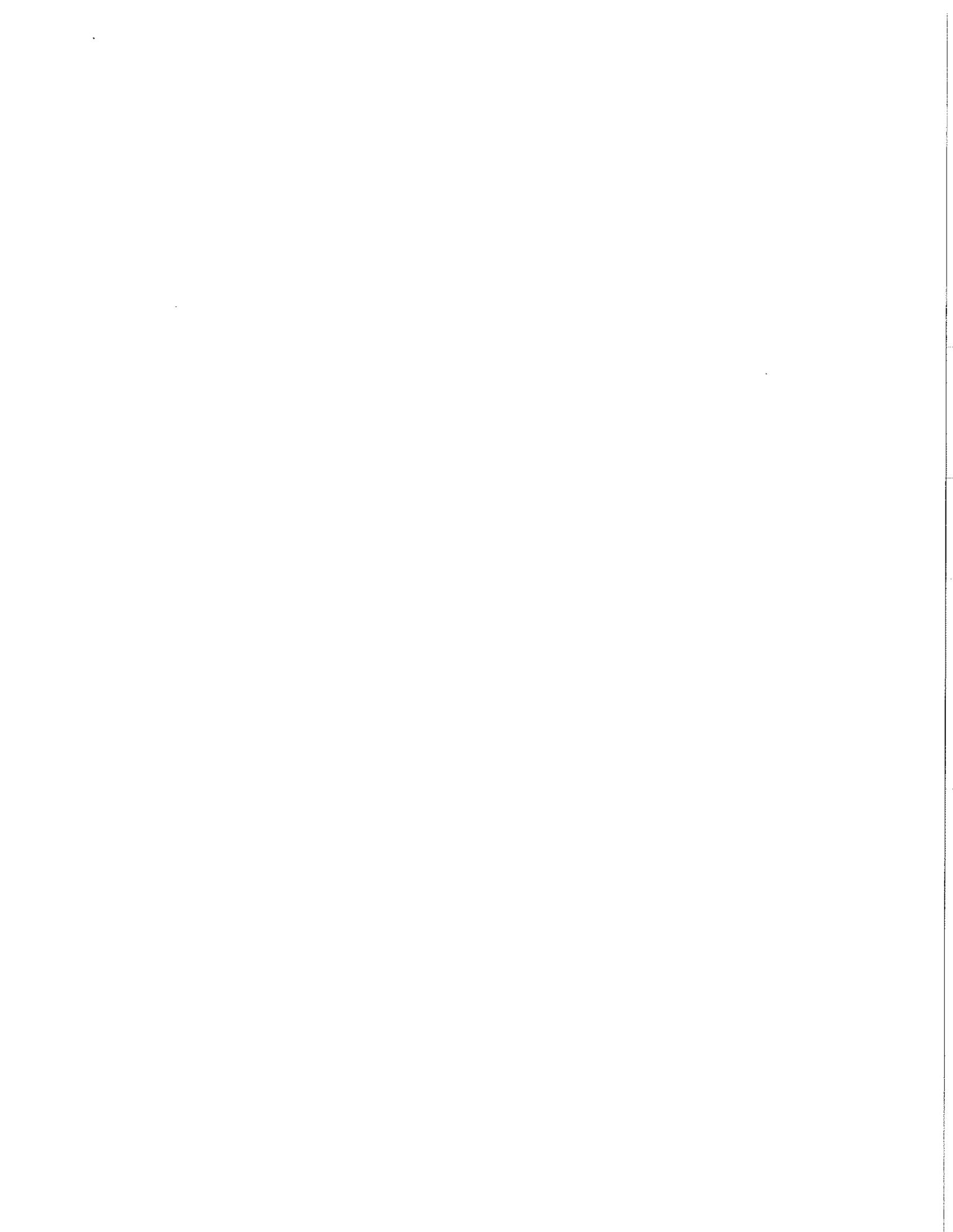
- The IS department generates population analysis reports based on age, sex, culture, language, and diagnoses that are severity case-mix adjusted
- Disease registries
- DMAP comparative health plan reports
- Appeals aggregate and provider-specific data
- Measurement programs, such as HEDIS, that indicate the quality of CareOregon's programs
- Adverse event reviews
- Member complaint data

In developing potential interventions based on the findings of the results consideration is given to the cultural and linguistic needs of our members. Materials are offered in languages other than English, as appropriate. Additionally, the messaging is considered from a cultural perspective. The development of a Member Advisory Council in 2010 has provided CareOregon with an avenue for gathering input on member issues and input into initiatives that are member focused.

<i>The following represents the active and current quality activities and the population of focus.</i>		
<i>Activity</i>	<i>Population</i>	<i>Aim</i>
Breast Cancer Screening	Medicare and Medicaid members	Increase the % of women who receive mammograms
Cervical Cancer Screening	Medicaid members	Increase the % of women who receive cervical cancer screening
Childhood Immunizations	Medicaid members*	Increase the % of children that receive all appropriate immunizations
Early Childhood Cavities Prevention	Medicaid members	Improve oral health for pregnant women and children by increasing the % that receive dental services
Asthma	Medicare and Medicaid members	Reduce the frequency of ED visits Increase the follow up visits after ED Increase the % of members that utilize appropriate medications (HEDIS)
Diabetes	Medicare and Medicaid members	Increase the % of members who receive evidence based services (HEDIS)
CareMoms	Medicaid members	Increase the % of new moms and infants who have timely follow up after delivery (HEDIS-Post Partum)
Tobacco Cessation	Medicare and Medicaid	Increase the % of members that stop smoking and are offered smoking cessation information, treatment and counseling
Mental/Physical Health Collaborative	Medicaid members*	Improve the access and integration with mental health

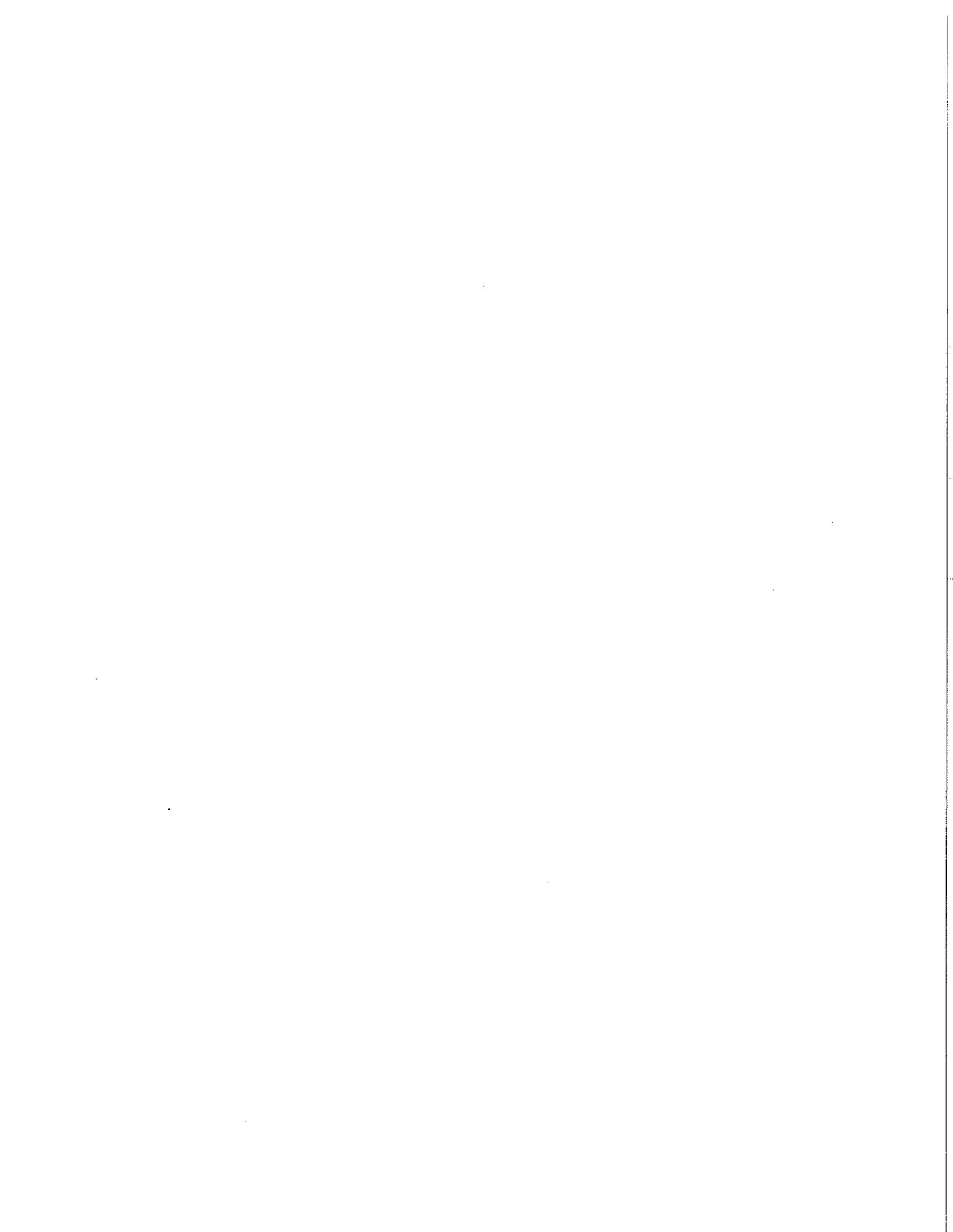
		and physical health
Congestive Heart Failure	Medicare and Medicaid	Reduce the readmission rate
Chemical Dependency	Medicare and Medicaid*	Increase the % of members screened for substance abuse
Flu Vaccine Rates	Medicare and Medicaid	Increase the % of all members enrolled in Care Support (Case Management) that receive a seasonal flu vaccine
PCP/Specialist Follow up Visits After ED visits	Medicare and Medicaid	Increase the % of members that are seen by Provider within 7 days following ED visit
ABCDIII: Developmental Screening	Medicaid*	Increase the % of children screened for developmental delays Increase the % of children referred for early intervention
Transition of Care (one setting to another)	Medicare (SNP)	Increase % of members who have an outpatient follow up visit within 30 days. Decrease the readmission rate

*Medicaid Contract deliverable



DHS Bid Results

ORPIN Bid OHA-3371					
Project Name:	Hotel Lodging for Reproductive Health Coordinators Conference				
4 bids were received					
Vendor/Company	Date/time submitted	Via	Total Bid	Results	
Hilton Portland & Executive Tower	7/12/2012 11:18 AM	Fax	\$ 10,439.10		
Portland Boutique Hotel, LLC	7/11/2012 1:43 PM	Fax	\$ 11,750.20		
North Harbour Fairfield Inn & Suite	7/11/2012 12:33 PM	Fax	\$ 7,796.60	Non Responsive	
North Harbour Courtyard by Marric	7/11/2012	Fax	\$ 8,584.10	Non-Responsive	



2010 JEFFERSON BEHAVIORAL HEALTH'S QUALITY IMPROVEMENT WORKPLAN

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2010 JEFFERSON BEHAVIORAL HEALTH'S QUALITY IMPROVEMENT WORKPLAN

DOMAIN: ACCESS TO SERVICES DOMAIN			
Goal: Standardize Access to services measures and increase access to services where needed.			
Objective	Interventions	Performance Indicators	Measurement
<p>1. Standardization of Access Process and Measurement.</p>	<p>QA committee will formalize process of intakes/access to provider clinics.</p> <p>JBH will develop a policy and procedure to ensure standardization access measurements.</p> <p>Contractors will be trained in billing procedures and expectations of access measures.</p>	<p>PH Tech will provide quarterly reports on access indicators on the two data points:</p> <ol style="list-style-type: none"> MH Screening MH assessment <p>Contractors will report on a quarterly basis their access measurements. Reports will be due 30 days after end of quarter.</p> <p>Verifiable baseline will be determined from both data sets.</p>	<p>JBH will analyze access data within 15 days of contractor reporting using encounter data submitted by providers and PH Tech Data.</p> <p>Contractors will be asked for explanations on member access that exceeds required timelines within 14 days of quarterly reports.</p> <p>JBH staff will compare the annual and quarterly penetrations rates at the end of 2010</p>
			<p>QA committee formalize process by April 30, 2009</p> <p>JBH Policy by May 31, 2009</p> <p>Contractor trainings by July 30, 2009</p> <p>Results will be shared quarterly with the QMC, JBH Administrators, and County Program Directors.</p>
<p>2. Work with individual contractors to assist in reducing barriers to access</p>	<p>JBH will identify quarterly through PH Tech and Contractor reports access that exceeds required timelines.</p>	<p>Conduct Root Cause Analysis with individual contractor.</p> <ol style="list-style-type: none"> Define the problem. Gather data/evidence. 	<p>JBH quarterly will monitor both PH Tech Reports and Contractor Reports for variations outside of the access</p> <p>QMC to review quarterly reports to identify trends within contractors.</p> <p>Results will be shared quarterly</p>

2010 JEFFERSON BEHAVIORAL HEALTH'S QUALITY IMPROVEMENT WORKPLAN

<p>3. Increase in % of Access measures that meet JBH standards</p>	<p>JBH will develop work plans as needed with individual contractor and provide technical assistance.</p>	<p>3. Ask why and identify the causal relationships associated with the defined problem. 4. Identify which causes if removed or changed will prevent recurrence. 5. Identify effective solutions that prevent recurrence, are within your control, meet your goals and objectives and do not cause other problems. 6. Implement the recommendations. 7. Observe the recommended solutions to ensure effectiveness. 8. Variability Reduction methodology for problem solving and problem avoidance.</p>	<p>Contractors will be asked for explanations on member access that exceeds required timelines within 14 days of quarterly reports. If member access continues to exceed contract requirements than root cause analysis will be conducted. Root Cause analysis will identify effective solutions and recommendations will be implemented. JBH will monitor the progress of those recommendations through a Corrective Action Plan.</p>	<p>with the QMC, JBH Administrators, and County Program Directors.</p>
<p>3. Increase in % of Access measures that meet JBH standards</p>	<p>QA committee will formalize process of intakes/access to provider clinics JBH will provide policy and procedures for</p>	<p>1. Goal will be an increase in 10% from baseline measure in every access category.</p>	<p>JBH will analyze access data within 15 days of contractor reporting using encounter data submitted by providers and PH</p>	<p>QA committee formalize process by April 30, 2009 JBH Policy by May 31, 2009</p>

2010 JEFFERSON BEHAVIORAL HEALTH'S QUALITY IMPROVEMENT WORKPLAN

	<p>expectations for access standard measurements and process.</p> <p>JBH will train providers on access standard measurements and tracking</p>		<p>Tech Data.</p> <p>Contractors will be asked for explanations on member access that exceeds required timelines within 14 days of quarterly reports.</p> <p>JBH staff will compare the annual and quarterly penetrations rates at the end of 2010</p>	<p>Contractor trainings by July 30, 2009</p> <p>Results will be shared quarterly with the QMC, JBH Administrators, and County Program Directors.</p>
<p>4. Increase Access to underserved populations, specifically Hispanic and Older Adults</p>	<p>JBH will promote the availability of training opportunities provided in working with identified specialized populations.</p> <p>JBH will monitor current resources within providers by requesting provider updates every June and January to ensure provider capacity to work with identified specialized populations.</p>	<ol style="list-style-type: none"> 1. Increase .01% of older adults (ages 60+) served from baseline. <ul style="list-style-type: none"> • Baseline is 1.36% according to PH Tech Data from 1/2009 to 10/2009. • Maintenance of Geriatric Specialist List. 2. Increase 0.11% of Hispanic Members served from the baseline. <ul style="list-style-type: none"> • Baseline is 1.11% according to PH Tech Data from 1/2006 to 10/2009. • Maintenance of 	<p>JBH will analyze access data within 15 days of PH Tech's quarterly reports</p> <p>QA committee will review underserved population data quarterly and make recommendations</p> <p>JBH staff will compare the annual and quarterly penetrations rates at the end of 2010</p>	<p>QMC to review twice a year in February and July and make recommendations.</p> <p>Results will be shared quarterly with the QMC, JBH Administrators, and County Program Directors.</p>

2010 JEFFERSON BEHAVIORAL HEALTH'S QUALITY IMPROVEMENT WORKPLAN

<p>5. Develop baseline measure and increase access for Dual Diagnosis populations, i.e.</p> <ul style="list-style-type: none"> • Mental Health and A&D • Mental Health and DD 	<p>JBH will promote the availability of training opportunities provided in working with identified specialized populations.</p> <p>JBH will facilitate relationship development between providers.</p>	<p>Hispanic Provider Capability List</p> <ul style="list-style-type: none"> • Develop accurate baseline measures • Increase communication between providers by facilitating relationship development 	<p>JBH will analyze access data within 15 days of PH Tech's quarterly reports</p> <p>QA committee will review underserved population data quarterly and make recommendations</p> <p>JBH staff will compare the annual and quarterly penetrations rates at the end of 2010</p>	<p>QMC to review twice a year in February and July and make recommendations.</p> <p>Results will be shared quarterly with the QMC, JBH Administrators, and County Program Directors.</p>
<p>DOMAIN: QUALITY OF SERVICES DOMAIN</p>				
<p>Goal: Improve clinical acuity in documentation, clinical quality and outcome measures</p>				
<p>Objective</p>	<p>Interventions</p>	<p>Performance Indicators</p>	<p>Measurement</p>	<p>Timeline</p>
<p>1. Improve clinical documentation scores by 10% in every county</p>	<p>JBH will provide trainings on documentation standards</p> <p>JBH will provide documentation guide to all provider clinics to be used as an onsite training tool.</p>	<p>Clinical Integrity Audit tool will be used to measure progress</p> <p>2009 CIA audit=56.5% compliance rating</p>	<p>Review charts at each contractor based on schedule listed in Corrective Action Plans.</p> <p>Contractors will submit to JBH their reviews of subcontractors' charts.</p>	<p>JBH documentation trainings will be in Spring of 2010 and continue quarterly.</p> <p>Track and review quarterly in QMC.</p> <p>Information will be shared with JBH administrators and county program</p>

2010 JEFFERSON BEHAVIORAL HEALTH'S QUALITY IMPROVEMENT WORKPLAN

<p>2. Improve Clinical Quality scores by 10% in every county</p>	<p>JBH will provide trainings on documentation standards</p> <p>JBH will provide documentation guide to all provider clinics to be used as an onsite training tool.</p> <p>QMC committee will review all necessary documents to ensure they are in place at each contractor</p>	<p>Clinical Integrity Audit tool will be used to measure progress</p> <p>2009 CIA audit=59.9% compliance rating</p>	<p>Review charts at each contractor based on schedule listed in Corrective Action Plans.</p> <p>Contractors will submit to JBH their reviews of subcontractors' charts.</p>	<p>JBH documentation trainings will be in Spring of 2010 and continue quarterly.</p> <p>Track and review quarterly in QMC.</p> <p>Information will be shared with JBH administrators and county program directors after every CIA review.</p>
<p>3. Standardize Clinical Outcomes measurements in Adult and Children's charting and increase outcome scores by .5</p>	<p>QMC committee will determine outcome measures to be used across region</p> <p>QMC committee will develop a timeline for implementation and report on progress</p>	<p>Clinical Integrity Audit tool will be used to measure progress</p> <p>2009 CIA audit= +.122 Range is -.2 to +1</p>	<p>Review charts at each contractor based on schedule listed in Corrective Action Plans.</p> <p>Contractors will submit to JBH their reviews of subcontractors' charts.</p>	<p>QMC will develop outcome measures by May 30, 2010.</p> <p>Track and review quarterly in QMC.</p> <p>Information will be shared with JBH administrators and county program directors after every CIA review.</p>

2010 JEFFERSON BEHAVIORAL HEALTH'S QUALITY IMPROVEMENT WORKPLAN

<p>4. Standardization of and improvement of ICTS process and charting requirements to improve by least 10% in every provider.</p>	<p>JBH Children's System Coordinator and Children's Utilization Manager will provide training to all Children's providers</p>	<p>Clinical Integrity Audit tool will be used to measure progress 2009 CIA audit Overall Compliance is 11.5%</p>	<p>Review charts at each contractor based on schedule listed in Corrective Action Plans. Contractors will submit to JBH their reviews of subcontractors' charts.</p>	<p>Track and review quarterly in QMC. Information will be shared with JBH administrators and county program directors after every CIA review.</p>
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DOMAIN: INTEGRATION AND COORDINATION			
Goal: Promote integration and coordination of care			
Objective	Interventions	Performance Indicators	Measurement
		Timeline	
<p>1. Improve treatment coordination with Primary Care Providers (Collaborative Performance Improvement Project)</p>	<p>JBH will meet quarterly with Fully Capitated Health plans in the JBH region who are participating in the Mind Body Connection Project. JBH will work with the Fully-Capitated Health Plans in the JBH region to accomplish Steps 7 through 10 of the CMS "Conducting Performance</p>	<p>Collect and monitor standardized referral data and process. Complete PIP report and submit to AMH.</p>	<p>JBH will monitor all referrals from physicians in the region. JBH will conduct chart reviews on a sample of charts to determine whether information is being shared between primary care and mental health.</p>
			<p>Track and review quarterly in MBC and QMC. Information will be shared quarterly with QMC, JBH administrators and county program directors.</p>

2010 JEFFERSON BEHAVIORAL HEALTH'S QUALITY IMPROVEMENT WORKPLAN

	<p>Improvement Projects" Protocol.</p> <p>JBH in collaboration with the FCHP partners will compile, and analyze the results.</p>		<p>MBC meetings quarterly.</p>	
<p>2. Increase percentage of members who are screened for smoking cessation to 80% at time of intake.</p> <p>3. Increase the number of members who report smoking and are referred to smoking cessation interventions to 80%</p>	<p>JBH will work with consumer run drop in centers to establish a consumer lead smoking cessation group.</p> <p>JBH will work with the contractors to establish protocol to screen for smoking cessation and refer to PCP and drop in centers.</p>	<p>Current Baseline is 0 consumer run drop in centers offer a smoking cessation program.</p> <p>According to baseline chart abstraction members are only being screened for smoking 19% of the time.</p> <p>In Southern Oregon the smoking rate is 23%, However in a 2007 study the rate of Adults with Medicaid who smoke is 35%.</p>	<p>Increase number of consumer lead smoking cessation groups to 1 in each county.</p> <p>Chart Abstraction to measure screening results after training from JBH.</p>	<p>Baseline established in 2009.</p> <p>Drop in Center trainings by March , 2010.</p> <p>Chart Abstraction by November 30, 2010.</p> <p>Track and review quarterly in MBC and QMC.</p> <p>Information will be shared with JBH administrators and county program directors 2x per year in June and January</p>
<p>DOMAIN: PREVENTION, EDUCATION and OUTREACH (PEO)</p>				
<p>Goal: Standardize current PEO tracking and increase PEO groups in under-utilized areas.</p>				
<p>Objective</p>	<p>Interventions</p>	<p>Performance Indicators</p>	<p>Measurement</p>	<p>Timeline</p>

2010 JEFFERSON BEHAVIORAL HEALTH'S QUALITY IMPROVEMENT WORKPLAN

<p>1. Standardization of tracking for PEO activities</p>	<p>a. JBH will clarify what PEO tracking is required quarterly and clarify PEO requirements. b. JBH will train all contractors on PEO requirements c. JBH will work with individual contractors who are incorrectly reporting PEO activities.</p>	<p>a. Development of regional list of current PEO activities, including topics, schedules and staff reporting requirements. b. JBH oversight of procedures based off training.</p>	<p>Quarterly reports to JBH on PEO activities Regional list of PEO activities measured against what is reported by contractors.</p>	<p>Regional list by March . JBH training by June . Track and review quarterly in MBC and QMC. Information will be shared with QMC, JBH administrators and county program directors.</p>
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DOMAIN: OUTCOMES			
Goal: Development and implementation of standardized outcome measures for Adult and Children			
Objective	Interventions	Performance Indicators	Measurement
		Timeline	
<p>1. Standardize Clinical Outcomes measurements in Adult and Children's charting and increase outcome scores by .5</p>	<p>QMC committee will determine outcome measures to be used across region QMC committee will develop a timeline for implementation and report on progress</p>	<p>Clinical Integrity Audit tool will be used to measure progress 2009 CIA audit= +.122 Range is -.2 to +1</p>	<p>Review charts at each contractor based on schedule listed in Corrective Action Plans. Contractors will submit to JBH their reviews of subcontractors' charts. QMC will develop outcome measures by May 30, 2010. Track and review quarterly in QMC. Information will be shared with JBH administrators and county program</p>

2010 JEFFERSON BEHAVIORAL HEALTH'S QUALITY IMPROVEMENT WORKPLAN

					directors after every CIA review.
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Oregon Health Management Services Annual Quality Improvement Program Evaluation 2011

OHMS History and Service Area

Oregon Health Management Services (OHMS) is a Medicaid Managed Care Oregon (MCO) that was originally founded in 1992 by a large multi-specialty primary care provider, the Grants Pass Clinic. OHMS and its founders are committed to serving low income and vulnerable individuals in our home county. OHMS has always primarily served the residents of rural Josephine County. The OHMS service area extends into the contiguous zip codes which cover the outskirts of Jackson and Douglas Counties. OHMS offers primarily Medicaid services, but does partner with CareOregon, another Oregon health plan, to offer a Medicare Advantage product, CareOregon Advantage, to OHMS members who are dually eligible for both Medicaid and Medicare. OHMS also owns and operates Choices Counseling Center, founded in 1995 to provide Chemical Dependency services to OHMS members and other residents of Josephine County.

Member Demographics

Josephine County is a large rural county with many complexities. While being large in size, it holds only about 87,000 residents. According to US Bureau of statistics data from 2010, Josephine County's population over 65 years of age is nearly 10% higher than that of Oregon overall. Nearly 18% report an income that is below the national poverty level, compared to 14% overall in Oregon. High-school completion rates are lower than Oregon overall, and the percent of persons over 25 years of age with a bachelors degree or above is just over half of the statewide rate. Problems often linked to low income, such as Chemical Dependency, Obesity, and Chronic Diseases also are a significant issue for Josephine County Residents.

Racial and ethnic minorities make up a very small percentage of the population. Over 92% of the population is white, with the second most residents (6.3%) being of Hispanic origin. Only about 4% report speaking a language other than English in the home. Less than 2% of the overall population is Black or American Indian/Alaska Native. While ethnic diversity is limited, Josephine County does have other sub-cultures, which are affiliated with common values and belief systems. In order to effectively serve the population, it is essential that OHMS has a highly integrated quality improvement program.

In 2011, OHMS had an average of 5405 members. Of these, about:

- 1.9% (62 Households) spoke Spanish
- 98% (3,184 Households) Spoke English
- 0.2% (8 Households) Spoke another language
- 54% Were children under 18
- 5% Were adults over 65
- 1575 Received Primary Care at a Federally Qualified Health Center
- 866 Were identified by the Oregon Health Authority as having Exceptional Needs

From 2010 though 2011 OHMS also experienced significant growth in membership of about 1000 members-an increase in enrollment of nearly 25%. This was largely due to the OHP Standard Package expansion and Healthy Kids initiative.

OHMS Provider Network

❖ Primary Care

Two major organizations serve the primary care needs of OHMS members. The first, Grants Pass Clinic, houses roughly 62% of OHMS members. Grants Pass Clinic is a large multi-specialty clinic located in Grants Pass. Its providers include physicians and Nurse Practitioners. These consist of Internal Medicine (9), Family Practice (3), Pediatrics (2), Nurse Practitioners (2), General Surgery (2), and Podiatry (1), as well as on-site physical therapy and an Acute Care Clinic. Siskiyou Community Health Center, the local FQHC, houses the second largest group of members, comprising 28% of OHMS primary care assignments. Siskiyou has two locations; one in Cave Junction and one Grants Pass. Between these sites, Siskiyou has a total of 10 primary care providers. These family practice providers consist of physicians, nurse practitioners, and physicians assistants. Siskiyou is the primary source of primary care in the Illinois Valley. Siskiyou also operates a dental facility, has integrated behavioral health, and offers programs such as Maternity Case Management, Project Baby Check, and Healthy Start. In 2011, OHMS also contracted with several independent clinics operated by physicians and nurse practitioners, such as Cascade West Primary Care and Clear Creek Family Practice. Most local pediatricians are also on the OHMS panel.

❖ Specialty Care

OHMS is contracted with a wide variety of specialists in Jackson and Josephine Counties. This includes the majority of specialties in Josephine County, as well as the Jackson/Josephine County specialists represented by PrimeCare. Out of area specialist referrals are monitored and authorized for services that are not available in our local area.

❖ Hospital Services

Hospital services are primarily provided by the only hospital in Josephine County, Three Rivers Community Hospital (part of the Asante system). OHMS other contracted hospital is Asante Rogue Valley Medical Center. Emergency services are covered at all local hospitals, and many services are delivered at Providence Medford Medical Center.

❖ Mental Health

The local Community Mental Health Program (CMHP) is Options for Southern Oregon. Options provides the majority of the outpatient, residential, and crisis mental health services in the county. Options is overseen by the Mental Health Organization Jefferson Behavioral Health. Mental health services are outside of the capitation of OHMS.

❖ Dental Health

Dental care is provided by several different Dental Care Organizations (DCO's) in our service area. Dental Care is largely outside of the capitation of OHMS.

❖ Chemical Dependency Services

Chemical Dependency services are provided and/or coordinated by Choices Counseling Center, a subsidiary of OHMS. OHMS founded choices in 1995 when chemical dependency was added to the OHP physical health capitation.

Quality Improvement Program Structure and Scope

The Quality Improvement (QI) program consists of a broad range of clinical and service initiatives relevant to our membership and covers all Medicaid members and those with CareOregon Advantage. The program's scope is determined by an annual analysis of the population and its demographic and clinical characteristics. It involves monitoring and evaluation of high volume, high risk, and clinical issues. Performance goals and thresholds are established, monitored, and trended over time. OHMS' Quality Improvement plan includes periodically monitoring and improving the quality of health care delivered to its members. OHMS' objective is to assure quality care, promote wellness through preventive care and patient education, and strive for cost effective utilization of services for all members through monitoring activities conducted on a periodic basis throughout the year.

The general goals and objective of the OHMS Quality Improvement program are to:

- **Promote Patient Safety:** Ensure patient/member safety
- **Effective, Evidence-Based Care:** Encourage effective, evidence based treatments and services that are also cost-effective.
- **Patient-Focused Services:** Promote a patient focused environment which is responsive to individual patient preference, needs, and values.
- **Member Protections:** Ensure that the member's rights under the Medicaid Program are upheld. These include ensuring equitable services that do not vary in delivery or quality because of the member's personal characteristics, insurance package, gender, ethnicity, geographic location or socioeconomic status.
- **Adequate and Timely Access:** Ensure clients have access to the right level of care, especially primary care.
- **Maintain Compliance:** Compliance with the intent of the Oregon Health Plan package of services and regulations, including CFR's, OAR's, and the OHP Prioritized List of Health Services.

OHMS utilizes numerous procedures to monitor, evaluate and report on various indicators of quality care provided to DMAP members. These indicators of quality may change from year to year depending upon previous findings for areas of improvement and statewide initiatives. The following describes the overall program, the roles of those involved in planning and implementing OHMS's QI program, reporting and evaluation of the program, aspects of care evaluated, the coordination and monitoring of care, the clinical QI initiatives, the safety/risk management program, methods of assessing and evaluating quality of care, reviews of adverse or unexpected outcomes, assessing the effectiveness of the QI efforts, and communicating the results, recommendations, and conclusions of the QI monitoring and evaluation process to staff and providers.

The Quality Improvement Director is responsible, along with the Medical Director, for the overall QI program for OHMS. The Medical Director, Quality Improvement Director, and the ENCC meet frequently in order to discuss current QI issues.

The Quality Improvement/Utilization Review Committee (QI/UR Committee) meets monthly and presents to the OHMS Board on a regular basis. The members of that committee are as follows:

- Medical Director
- Exceptional Needs Care Coordinator
- Quality Improvement Director
- Representatives from provider groups (Physicians and Administration)

- Pharmacist
- Behavioral Health/Community Mental Health Program

The role of the QI/UR Committee is to plan and implement a Quality Improvement Program with emphasis on cost efficient, quality health care and preventive care delivered by medically competent and caring providers. Methods used by the committee to implement the QI program include, but are not limited to, the following:

- Inpatient/Outpatient review when appropriate
- Member complaints/appeals (Grievance Reports)
- Member satisfaction surveys (CAHPS)
- Utilization Review
- Problem-focused studies or Performance Improvement Projects
- Operation and outcome of referral procedures
- Medication review/Medication Formulary
- Access to Services
- Arrangements for emergency services/after hours services
- Appointment procedures, ratios and clinic accessibility
- Encounter data, Performance Measures
- Medical record review
- Performance improvement activities
- Current Evidence Based Practice Guidelines
- Policy and Procedure Implementation and Review
- Adverse Events
- Fraud and Abuse
- HIPAA/Compliance

Annual Highlights and Program Details

Performance Improvement Projects

❖ Mental/Physical Health Collaborative

The Mind-Body collaborative PIP is a joint venture between Jefferson Behavioral Health and its contracted providers in this region (Such as Options), along with five FCHP's; OHMS, MRIPA, DOCS, FamilyCare, and ODS. The group worked together in an effort to integrate services between mental and physical health. In 2010, the Mind Body Committee made the determination that the initial project which created a referral tool had reached a state of completion. The initial project continued to be reviewed as an agenda item as needed to ensure that the intervention carried out with the referral tool continued. OHMS continued to provide education and support to new providers and continued education for existing providers as needed.

In 2010 the Committee began work on a new PIP which addressed tobacco cessation for mental health clients. This new project is aimed at improved screening for tobacco use by mental health staff, and improved coordination of cessation services and options offered for clients of mental health. In 2011, the work of the PIP focused on developing a smoking cessation protocol for

providers to see if it would lead to an increase in the percentage of JBH adult members who are screened for tobacco use. JBH plans to audit charts for adult members 18 and over that received the smoking cessation protocol at least once during their treatment episode. Based on post-intervention measurement, the intervention was found to be extremely effective in creating the desired outcome, which was member education related to smoking cessation. This PIP will continue in 2012.

❖ *Diabetes PIP*

The diabetes PIP was started in late 2010 after the Asthma PIP was retired. OHMS QI/UR Committee chose to initiate a new PIP focused on Diabetes. OHMS submitted our intent to DMAP in December 2010 and the new Diabetes PIP was approved. The Diabetes PIP is directed toward OHMS members who are filling diabetic supplies directly from OHMS. OHMS nursing staff are to provide brief educational interventions in addition to case management each time the member visits for diabetic supplies. These interventions will help members to create small changes each month that may help improve their overall health. OHMS will be completing a baseline measurement and remeasurement at one year of HgA1c and Rating of Overall Health. OHMS hopes to decrease HgA1c into or towards the goal range as well as improve the rating of overall health for members that participate.

OHMS begins the active phase of the PIP in 2011. The active phase of the PIP will run from May 1, 2011-April 30, 2012. The second review by Acumentra of progress to the PIP in 2011 included PIP steps 1-6. Sections 1-5 received perfect scores, while section 6 could not be fully scored until the intervention is completed. Data will be available for review by the QI/UR Committee in late 2012.

Utilization Measures

❖ *Emergency Room Utilization*

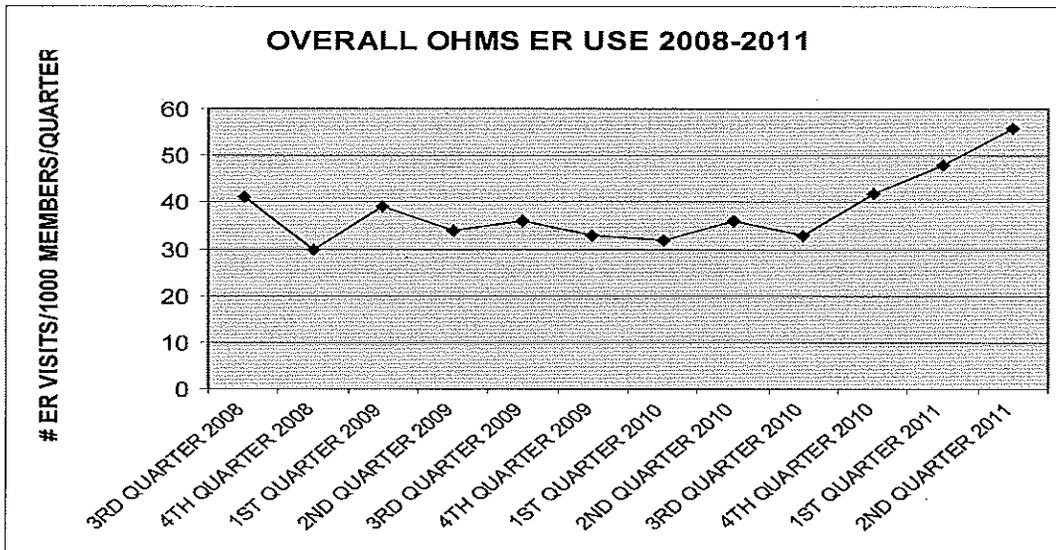
The ER Utilization PIP is an informal performance improvement project that doubles as a performance measure of access and utilization. It is thought that members that do not have access to primary care services or are being inadequately managed by their PCP may have a higher rate of ER use. In addition, ER utilization reports can identify members with uncontrolled health conditions or issues of compliance that may be candidates for case management. OHMS member ER Utilization was measured quarterly and lists were created arranged by Primary Care Provider. Each PCP received a detailed list for his/her assigned members showing ER visits by those members. Members who used the ER more than once were highlighted. In addition, each physician was given a blinded ID, which corresponded to a graphical presentation of the quarterly data. This graph compared ER Utilization by physician and/or clinic. OHMS also created graphs of this data by provider type (IM, FP, Peds) to create comparisons between provider types, and also compare providers of the same classification.

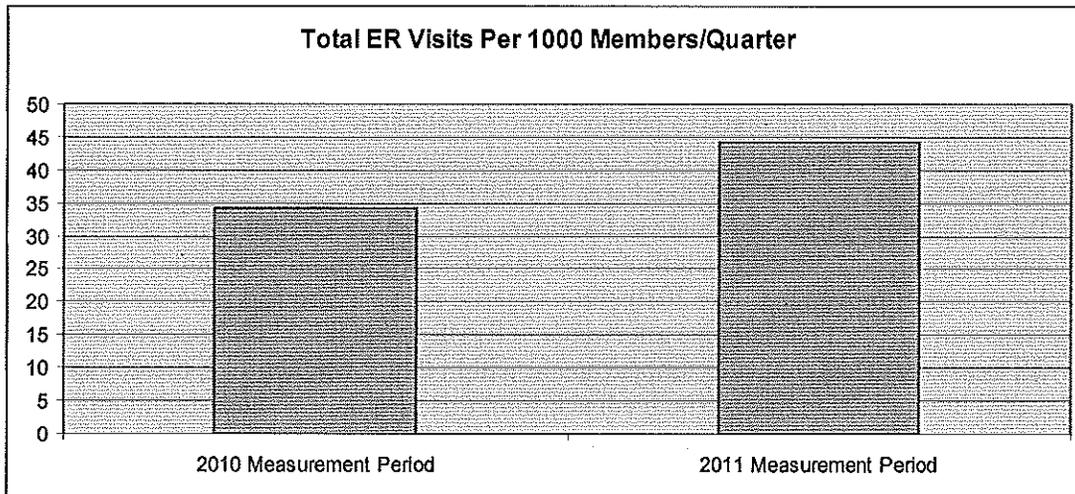
ER utilization appeared to have decreased slightly over the course of the year for 2010. Unfortunately, this trend did not continue and ER use increased in 2011. At the time of this report, the data analysis has only been completed for the 1st and 2nd quarters of 2012. For the purposes of this analysis, data was compared from the 3rd quarter 2009 through 2nd Quarter of 2010 to the 3rd quarter 2010 through the 2nd quarter of 2011.

The OHMS QI/UR Committee made the goal in 2010 to reduce ER utilization by 10% in 2011, which would be demonstrated by an ER Utilization of 30.8 ER Visits/1000 Members/quarter in the 2011 measurement period. OHMS saw a rise in ER use starting in the 4th quarter of 2010 and proceeding on into the 1st and 2nd quarters of 2011. The average ER visits/1000 members/quarter rose to 44.75 visits/1000 members/quarter in 2011, falling short of the goal.

Analysis of the cause for the ER utilization increase was performed by the QI/UR Committee. Reasons for the changes in ER utilization was thought to be multifactorial. Some potential reasons and the actions taken by OHMS are:

- Delays in new patient appointments at the Siskiyou Community Health Center, and other clinics. This brought the community standard for new patient appointments to approximately 8 weeks. *This trend was closely monitored by OHMS ENCC's and QI Director. Assistance with obtaining urgent appointments was coordinated between the ENCC and PCP clinic staff when needed.*
- New member influx. All new OHMS members are assigned a PCP at the time of enrollment. However, some members remain confused about how to establish primary care, or delayed establishing until they were acutely ill. Additionally, new members may not have read materials regarding appropriate use of Emergency Services. *OHMS increased member educational materials pertaining to utilization of primary care and discouraging use of Emergency Rooms for non-emergencies. OHMS ENCC's conducted case management activities for members with utilization patterns indicative of misuse or poorly controlled medical conditions.*
- Limitations in the PCP's accepting new patients and primary care provider churn contributed to the issues of access and confusion. *OHMS monitored this issue closely to ensure access to primary care and member choice in the provider panel. Many providers re-opened to new patients. New providers were also recruited to the OHMS primary care panel in 2011.*





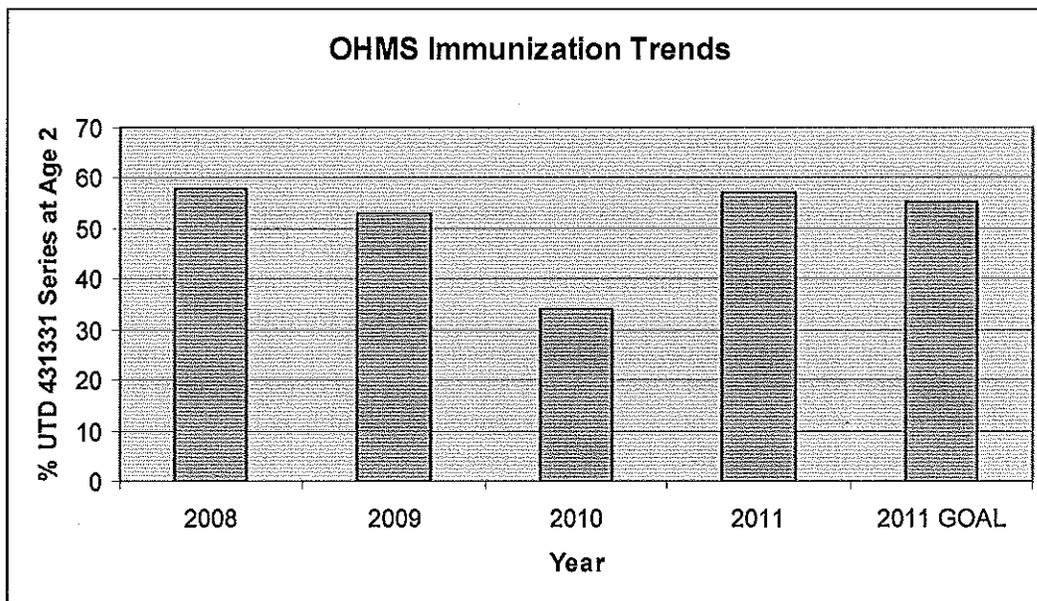
OHMS member services staff continued the interventions that were added to the ER Utilization project in 2009. OHMS continues to send simple daily faxes to providers with notification of the members assigned to them that have been seen the previous day in ER. This information is used in a number of ways by providers. It has been used as a tool for follow up and appointment scheduling, as well as a way to monitor patient behavior and concerns. OHMS also makes phone calls and sends mailings to members to educate them about proper ER utilization. If overutilization or improper usage of the ER is suspected, the OHMS ENCC attempts to contact the member via phone or mail to educate the member on the appropriate process for urgent/emergent care. Information from members taken from these phone calls has led to other continued interventions, such as additional mailings to members at the time of enrollment which restate the urgent and emergent care benefits, their PCP, and the correct process to follow for an urgent need. Members have responded favorably to these mailings. OHMS ENCC also makes phone calls following ER visits to ensure that the member is able to arrange timely follow up and has no further needs for coordination of care where OHMS may be of assistance.

OHMS will continue to monitor ER Utilization each quarter and the QI/UR Committee will evaluate the progress of this initiative twice annually. OHMS will continue yearly analysis of the ER trends in addition to the quarterly reports, from the 3rd quarter of the previous year through the 2nd quarter of the measurement year.

❖ *Childhood Immunizations*

Childhood immunization rates in 2011 rose overall for OHMS members at two years of age. Immunization rates fell in 2010, largely due to a shortage of the Hib vaccine. Fortunately, rates increased to a level exceeding the goal level in 2011 (See table below). While OHMS did exceed the 2011 goal, the QI Committee recognizes that there is still room for improvement. Challenges to overcome related to the member population include a local sub-culture which supports abstinence from vaccination, churn within the member population with frequent moves from community to community, and Medicaid eligibility disruption. Clinic challenges include those with vaccine tracking and reporting in the ALERT system, and other issues related to clinic specific policies, workflows, and clinic support staff education regarding vaccines.

OHMS continues to promote immunization through our QI Program and also through Maternity Case Management. In 2011, OHMS participated in vaccination outreach activities such as the “Healthy Kids are Cool” day at the local health department. At this event vaccinations are administered to children who are not up to date. OHMS also hosted the second “annual” Josephine County Childhood Immunization Forum. This meeting was attended by approximately 30 local area providers and MA’s and was facilitated by the DMAP Immunization Coordinators. Providers and staff were given clinic specific immunization data, as well as information on strategies to improve immunization rates. Most clinics saw improvement over 2010 clinic specific rates. There was time for a collaborative discussion between participants afterwards. OHMS hopes this clinic specific information will assist providers in quality improvement within their own facilities, thereby improving overall immunization rates. The feedback from this session was overwhelmingly positive, and OHMS plans to continue this as an annual meeting in future years. OHMS QI Committee wishes to continue a trend of improvement with childhood vaccine rates in 2012.



Case Management and Care Coordination

❖ Maternity Case Management

OHMS began providing internal Maternity Case Management for our members in 2009. OHMS employs an RN trained in OB care and case management. In review, OHMS shifted to internal MCM after analysis that, due to budget cuts at the County Health Department, the number of OHMS members who were seen for MCM during pregnancy dwindled to an unsatisfactory level of less than 25%. In addition, babies admitted to the NICU at birth also appeared to be increasing.

The OHMS Maternity Case Manger, a registered nurse, continued to provide home visits to pregnant OHMS members in 2011. These members varied in risk category and educational level. Participants were given home assessments, risk screenings, and education on a variety of topics from healthy eating to newborn care. OHMS MCM also continued to use the evidence

based curriculum, *Partners for a Healthy Baby*. OHMS is pleased with the opportunity MCM brings to allow us to engage directly with the member and become directly involved in case management. The MCM also participates in local community committees related to perinatal health, such as the Josephine County Perinatal Task Force (PNTF). The PNTF currently focuses on community actions to reduce prenatal substance abuse and improve birth outcomes.

❖ *Exceptional Needs Care Coordination*

As in the past, ENCC services continued to be offered to any health plan member who may need assistance. The purpose of ENCC services is primarily for case coordination of special needs members. The ENCC provides case coordination services to guarantee that a member's needs are met and resources are effectively utilized by facilitating coordination of various disciplines and agencies for provisions of all health plan services to special needs members as defined by DMAP. With the addition of a new part time ENCC position in 2011, OHMS was able to add more services to both providers and members. In 2011, some examples of work done by ENCC's includes:

- Emergency Room follow-up and Case Management
- New Member Outreach
- Health Risk Assessments for members with Exceptional Needs
- Collaboration with Maternity Case Manager
- Foster Parent Education and Assistance
- Smoking Cessation Outreach Calls
- Community Committees, such as Pathways to Care Network and Options External QI Committee
- Coordination with community partners, such as Options (mental health) and Choices (Chemical Dependency)
- Provider Assistance with difficult situations
- Grievance Follow-Up

❖ *Durable Medical Equipment/ Diabetic Case Management*

OHMS opened a DME distribution department in late Dec, 2008, which gained momentum in 2009. Our program continued in 2011. OHMS DME program entails distributing diabetic supplies and nebulizers directly from our office. This practice has also increased our ability to engage and provide case management with members. This process is especially evident with our diabetic members and has become more so in 2011 as OHMS has started a diabetic focused PIP which adds a standardized educational topic to each visit. Members with diabetes meet directly with a nurse case manager. The nurse downloads the diabetic meter at every visit, and reviews the results with the members. At that time, education is provided on the blood sugar trends and any concerns. The nurse, based on a protocol, contacts the PCP and endocrinologist (if applicable) with the results of the download if there are concerns. Sometimes members use these sessions to check in, set goals, and evaluate their progress. Providers are satisfied with our ability to provide them with blood sugar profiles whenever necessary. The OHMS case management nurse travels to Cave Junction once each month as well to distribute supplies to our CJ members. During this outreach she utilizes space in our FQHC to meet with members and distribute supplies. Through this process, OHMS is also able to better monitor appropriate utilization of supplies and encourage preventive care and healthy behaviors. Though data is not yet available, it does appear that some members have improved dramatically since the inception of the program. OHMS hopes to quantify this assessment further through our Diabetic focused PIP in 2011 and 2012.

Health Promotion

❖ Tobacco Cessation Services

Tobacco cessation efforts at OHMS continue in 2011. OHMS tobacco use by members has continually decreased, but continues at a rate higher than other communities in Oregon at 42%. In the 2011 CAHPS adult member survey, 29% of OHMS members reported that they smoke every day, which had decreased from 35% in 2007. To support tobacco cessation, OHMS offers smoking cessation classes from the American Lung Association's "Freedom from Smoking" program. These classes are taught by a certified smoking cessation coordinator. Classes are offered at the OHMS Community Health Education Center, which shares space with OHMS. The class, free to OHMS members, is also available to the general public for \$25. OHMS QI/UR Committee also elected to offer this class for free to parents or household members of OHMS clients. The "Freedom From Smoking" class is eight sessions and takes place over one month. New classes start each month. OHMS members who fill prescriptions for NRT are strongly encouraged to participate in the cessation classes. In 2011, 143 class sessions were billed by 44 unique members.

A Member who is quitting tobacco will receive written materials and a proactive call from the OHMS ENCC, who explains the tobacco cessation benefits, like classes, that are available through OHMS. In 2011, OHMS ENCC made 176 calls to members related to tobacco cessation. OHMS follows this intervention with a call from the Certified Tobacco Cessation Counselor, who again reinforced the message from the first call and enrolls the client into the cessation classes if interested.

In an effort to promote a tobacco free community, the OHMS QI/UR Committee made the decision to extend free tobacco cessation classes to one local business each month. OHMS has had employees from several local businesses participate, including Options for Southern Oregon (Josephine County's Community Mental Health Program) and the local Federally Qualified Health Center.

OHMS added new cessation medications to the formulary in 2011 and reduced prior authorization restrictions. OHMS members may now use Chantix, Nicotine Patches, Gum, or Lozenges, or Zyban to help with cessation. These may be used for two 90-day trials per year. OHMS filled 338 smoking cessation prescriptions in 2011 for 221 unique members. The most frequently utilized therapy was Chantix, followed closely by Nicotine Patches.

OHMS also collaborated with OHMS-Community Health Education Center (OHMS-CHEC) in 2010 to assist CHEC in applying for a community based grant to fund teen tobacco cessation classes for the public in 2011. OHMS-CHEC was awarded this grant and will offer two sessions of the American Lung Association's "N-O-T: Not on Tobacco" curriculum in 2011. Enough funds were left to fund an additional course in 2012.

❖ Childhood Caries Prevention/Maternity Dental Promotion

OHMS supports preventive dental care for children through ongoing efforts to collaborate with DCO's. In 2011, OHMS partnered with the Siskiyou Dental Clinic (operated by the local FQHC) at the "Healthy Kids are Cool" health fair, sponsored by the Josephine County Public

Health Department. This partnership brought allowed for free dental screenings and fluoride varnishes for those in attendance.

Other dental coordination includes the promotion of routine preventive dental care for pregnant mothers. Dental visits are strongly encouraged by the OHMS Maternity Case Manager, and dental visits are tracked for each pregnant member engaged in Maternity Case Management. OHMS ENCC's coordinate referrals for hospital dental services for members who require anesthesia for dental procedures. ENCC's also assist members seeking emergency dental care in the Hospital Emergency Room with coordinating follow-up dental care in the ambulatory setting.

❖ *Community Wellness Education*

OHMS found several opportunities to collaborate with the OHMS-Community Health Education Center (OHMS-CHEC) in 2011. OHMS assisted in curriculum development for several health and wellness focused classes in 2010. The most popular program offered at OHMS-CHEC is a free healthy cooking series. OHMS-CHEC and OHMS recognize the connection between obesity, chronic disease, and poor diet. In addition, it was recognized that many people in the community do not know basic food preparation skills. OHMS-CHEC addressed this need by offering weekly healthy cooking classes in the OHMC-CHEC Community Kitchen. Cooking classes serve up to 18 participants and are an interactive demonstration which includes samples of the prepared foods and recipes to take home. Classes have included a focus, such as "Dinner on a Dime," "Heart Healthy," and "Diabetic Holiday." One class per month is designated as "Cooking with Kids," and is an interactive cooking class for children and their parents or grandparents. Cooking classes are free to participants, and are nearly always full with a waiting list. In 2011, 830 participants registered for the 39 cooking classes offered, and 610 attended, which was an attendance rate of 74%. Many participants (41%) were children, accompanied by parents attending "Cooing with Kids" classes. Many other health promotion related classes are offered at the OHMS-CHEC. The OHMS-CHEC classroom and kitchen are also available to be used by other wellness-related community programs free of charge. The classroom was used 401 times in 2011 by agencies such as DHS, the local FQHC, and Asante. OHMS staff participates in the daily operations of OHMS-CHEC, and also serve as volunteers in several CHEC programs.

❖ *Chemical Dependency Services at OHMS*

OHMS continued our close partnership with our own Chemical Dependency treatment facility, Choices Counseling Center, which was founded by OHMS in 1994. OHMS QI/UR Committee is regularly updated on the Choices services offered to OHMS members, along with the number of OHMS members currently receiving CD treatment services. The Director of Choices continues to serve as a member on the OHMS QI/UR Committee. OHMS ENCC remains actively involved in the collaborative efforts with Choices and provides referrals to Choices and ongoing assistance to members needing or engaged with CD services.

External Quality Review

In 2011 OHMS participated in an external quality review by Aumentra. Aumentra conducted a three part review consisting of:

- Compliance with federal and state regulations and contract provisions regarding access to care, structure and operation, and quality measurement and improvement
- Performance improvement projects (PIP's)

- Information systems related to calculating and reporting statewide performance measures (ISCA)
- Acumentra and found all elements of the external review to be fully or substantially met.

Quality of Care

❖ Customer Satisfaction/CAHPS Survey

The CAHPS member satisfaction survey is administered for all FCHP's to ensure that members are receiving high quality services from health plans.

In 2011, OHMS improved on previous areas of concern, demonstrated by:

- A decrease in the number of members who reported that they did not know where to go for after hours care, from 34% in 2007 to 2% in 2011.
- A slight increase in Overall Health Rating of Excellent, Very Good, or Good by plan members, from 49% in 2007 to 53% in 2011.
- A dramatic increase in adults receiving flu shots, from 25% in 2007 to 46% in 2011.
- A decrease in members that reported using tobacco every day, from 35% in 2007 to 29% in 2011.
- An increase in Overall Health Plan Rating for adults, from 60% in 2007 rating OHMS and "8 or better" (out of a possible 10) in 2007 to 65% in 2011. For children, the 2011 rate increased to 79% for the same measure.
- Compared with other plans, OHMS was statistically higher than others on the Child survey for elements related to Getting Needed Care and Getting Care Quickly.

Ongoing QI Activities

OHMS continued regular activities, such as member and provider education and outreach, Access Monitoring, Grievance and Appeal processing and reporting, as well as other compliance related activities in 2011. Case management also continued in 2011 through both clinical and ENCC services. These activities continue to be overseen regularly by the QI/UR Committee.

Conclusion

In 2011, the OHMS QI Program was focused towards maintaining and improving newer initiatives, such as MCM and DME, and the Diabetes PIP as well as continued projects, such as Immunization, ENCC, and Mental/Physical health collaboration. OHMS QI Program will continue these efforts into 2012 as we continue the Quality Improvement Process with these endeavors.

CareOregon Community Care Program Description

Objectives:

- Engage targeted Members in an optimal relationship with a primary health home (physical and behavioral if appropriate), one in which the Member actively participates in a culturally appropriate, trusting and respectful partnership with a care team that knows him/her
- Facilitate the connection of targeted Members to beneficial community resources(including peer specialists), and advocate for critical social services
- Educate and coach targeted Members to improve health literacy, condition-specific self- management skills, and activation in wellness
- Coordinate services and communication between various providers of services on behalf of Members

The Community Care Program has identified the following target population criteria. Within 12 months,

- 2+ non-OB hospital admissions
- 1 non-OB hospital admissions with 0-5 ER admissions
- 1+ psychiatric admission with or without ER admissions
- 6 + ER visits with or without hospital admissions

In order to evaluate the effectiveness of this program, numerous metrics will be tracked and monitored:

- Hospital and ER utilization rates (monthly run charts, before/after program enrollment), time between events, hospital length of stay, time to follow up after hospital discharge
- Total cost of care (before/after program enrollment, population over time)
- Primary health home utilization rates (monthly run charts, before/after program enrollment)
- Client satisfaction with program and with primary health home
- Health home provider satisfaction with program
- Functional health status (quarterly)
- Medication adherence and complexity (before/after program enrollment)
- Condition-specific clinical indicators
- Palliative care and hospice enrollment rates (population over time)

